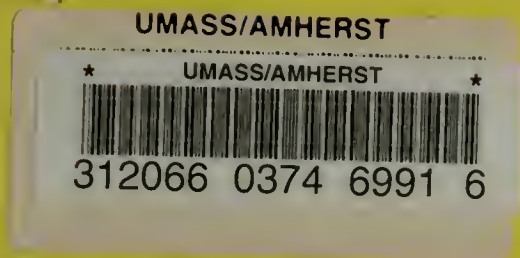


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STEWART B. MCKINNEY PERFORMANCE REPORT MAY 1989

Comprehensive Homeless Assistance Plan (2)

GOVERNMENT DOCUMENTS
COLLECTION
APR 27 1990
University of Massachusetts
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**Executive Office of Human Services
Massachusetts
Prepared by Social Policy Unit**

**Philip W. Johnston
Secretary**

893/355



The Commonwealth of Massachusetts

Executive Office of Human Services

One Ashburton Place, Room 1109

Boston, Massachusetts 02108

MICHAEL S. DUKAKIS
GOVERNOR

PHILIP W. JOHNSTON
SECRETARY

May 26, 1989

Mr. Robert L. Paquin
Deputy Director
Office of Community Planning and Development
Boston Federal Office Building
10 Causeway Street, 3rd Floor
Boston, MA 02222

Attention: Karen Malfy

Dear Mr. Paquin,

Attached is the progress report which is required under the Comprehensive Homeless Assistance Plan (CHAP 2). It contains the most recent information on the status of the Stewart B. McKinney Homeless Assistance funding to Massachusetts.

These awards span the years from 1986 to the present, and they represent approximately 15 different provisions to address the needs of homeless people, including emergency shelter, food, health care, mental health care, housing, educational programs, job training and other community services.

The total amount of funding received by Massachusetts to date is \$18,834,905. (This does not include the programs which await grant approval in Federal Fiscal Year 1989 for transitional, permanent and SRO housing).

This report reflects the successful management and implementation of this important federal source of funding for homeless programs and demonstrates the need for future rounds of McKinney funding to continue to serve the most vulnerable of our homeless citizens in the Commonwealth.

Thank you for your support and concern.

Sincerely,

A handwritten signature in dark ink, appearing to read "Philip W. Johnston", written over the typed name and title.

Philip W. Johnston
Secretary

PWJ:il

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BOSTON HEALTH CARE FOR THE HOMELESS PROJECT -MEDICAL RESPITE
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COMPREHENSIVE HOMELESS ASSISTANCE PLAN PERFORMANCE REPORT MAY 1989

INTRODUCTION

The Massachusetts Comprehensive Homeless Assistance Plan (2) submitted in January 1989 states the need for residential and support programs for homeless individuals and families in the commonwealth. The categories of need outlined under Title IV of the Act are described for the following areas:

- o Emergency Shelter Grants Program
- o Transitional Housing
- o Permanent Housing for the Handicapped
- o Supplemental Assistance for Facilities to Assist the Homeless
- o Section 8 Single Room Occupancy (SRO) Moderate Rehabilitation Program.

Mental Health and Health Provisions in the CHAP are:

- o The Mental Health Block Grant
- o Health Care for the Homeless Grants
- o Community Demonstration Projects for Alcohol and Drug Abuse Treatment

The areas addressed in Title VII include:

- o Homeless Children Education Grants
- o Adult Literacy
- o Veterans Outreach and Job Training
- o Job Training Demonstration Projects

The CHAP also lists the facilities and services which are currently in place to meet these needs as well as an assessment of unmet needs based on projections and demographic information.

This report will document the performance and activities of the Stewart B. McKinney Homeless Assistance funding in supplementing and enhancing existing programs in all of the above areas. It will also evaluate the revisions to the CHAP requirements for this year, and make recommendations for future changes.

This report will also summarize the total allocation of McKinney Funding from 1986 to the present and the status of projects to date.

SUMMARY OF MCKINNEY FUNDS - FFY-86 - FFY-88

<u>PROGRAMS</u>	<u>AMOUNT</u>
Emergency Shelter Grants - FY'86	\$ 303,000
Emergency Shelter Grants - FY'87 with \$678,000 going to the state directly and \$834,000 going to entitlement cities	\$1,512,000
Emergency Shelter Grant - FY'88	\$ 108,000
Transitional Housing Program	\$5,379,278
Permanent Housing - (ECOD-EOHS)	\$ 292,927
Health Services for the Homeless Grant Awards	\$1,090,662
Supplemental Assistance for Facilities to Assist the Homeless	\$1,060,000
Emergency Community Services Homeless Block Grant Program	\$1,424,788 (over 2 yr. period)
Educational Programs for Homeless Children	\$ 89,000
Adult Literacy	\$ 245,854
Mental Health Block Grant	\$1,217,600 (over 2 yr. period)
NIAAA - (DPH) - Stabilization Services for Homeless Substance Abusers	\$1,050,000 (over 2 yr. period)
Veteran Job Training	\$ 133,200
Job Training for the Homeless	<u>\$ 240,051</u>
TOTAL	<u>\$14,146,360</u>

SUMMARY OF MCKINNEY FUNDS - FY'89*

<u>PROGRAMS</u>	<u>AMOUNT</u>
EMERGENCY SHELTER GRANTS with \$636,000 going to the state and \$892,380 going to entitlement cities	\$1,528,380
HEALTH SERVICES FOR THE HOMELESS GRANT AWARDS:	
Worcester Mental Health Center	\$ 386,791
Boston Health Link	\$ 632,311
Springfield Public Health Dept.	<u>\$ 325,241</u>
TOTAL	\$1,344,343
EMERGENCY COMMUNITY SERVICES HOMELESS BLOCK GRANT PROGRAM	\$ 483,500
NIAAA - (DPH) - STABILIZATION SERVICES FOR HOMELESS SUBSTANCE ABUSERS	\$ 665,272
MENTAL HEALTH BLOCK GRANT	\$ 374,645
VETERANS JOB TRAINING	\$ 118,000
EDUCATIONAL PROGRAMS FOR HOMELESS CHILDREN	\$ 91,000

TOTAL	\$4,605,140

*This does not include programs waiting for grant approval such as Transitional, Permanent, and SRO Housing.

5/19/89

MCKINNEY PROGRAM:

EMERGENCY SHELTER GRANTS PROGRAM

Purpose: This act authorized the Secretary of HUD to make grants available to states, cities, counties and non-profit organizations for the purposes of funding renovation, rehabilitation or conversion of buildings for use as emergency shelters for a minimum of three years. Funds can also be used to defer maintenance and operation costs, and in some instances, pay for the provision of essential services.

Budget Appropriation:

FFY 1987 - \$50.0M
FFY 1988 - \$ 8.0M
FFY 1989 - \$46.5M

Total amount to Massachusetts:

Round I - \$239,000 (1986)
Round II - \$678,000 (1987)
Round III - \$108,000 (1988)
Round IV - \$636,000 (1989)
1,661,000

*Total amount to Entitlement Cities: \$ 898,000 ('86, '87)
\$ 892,380 ('89)
\$1,790,380

Total Amount \$3,451,380

Massachusetts Funded Projects: See attached list of programs.

Massachusetts Lead Agency and Contact Person:

Paul Provencher
Department of Public Welfare
574-0151

Federal Agency and Contact Person:

Jim Brougham
US Department of Housing and Urban Development
(202) 755-5977

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Emergency Shelter Grants Program (ESGP) Progress Summary

May 12, 1989

The Massachusetts Department of Public Welfare to date has received and distributed ESGP grants in the amount of \$1,661,000, excluding sums allocated directly by HUD to formula cities.

State-level ESGP funds have complemented and enhanced the state's previously available facilities and services for the homeless, in ways which demonstrate all three statutory categories of eligible activities - rehabilitation of buildings, shelter operations, and provision of essential services. A summary of these activities is presented below:

1. Rehabilitation of Buildings

More than two thirds of state-level ESGP funds have been applied toward urgent capital improvements in existing or developing shelters.

To date, 5 new family shelters have opened as a result of ESGP

funding which helped ready their sites, providing 97 new beds.

Another 4 are scheduled to open this year, representing 81 more beds:

<u>Opened</u>	<u>Scheduled this year</u>
<u>Boston</u> Crittenton Hastings Hse (14) Lifehouse, Inc. (18) Women, Inc. (15)	<u>Boston</u> Operation Food Family Shelter (15) St. Ambrose Family Shelter (30)
<u>Cambridge</u> YWCA Family Shelter (30)	<u>Cape Cod</u> Housing Assistance Corp (24)
<u>Malden</u> Tri-City Transitional Family Home (20)	<u>Milford</u> Winter Haven (12)

Three family shelters have expanded their capacity by a total of 51 beds as a result of Emergency Shelter Grants:

<u>Cape Cod</u> Summerside Center (30)
<u>Cambridge</u> Hildebrand Family Self Help Center (16)
<u>Greenfield</u> New England Learning Center for Women (5)

Finally, 54 additional shelters (for families, for individuals, and for both) have made important improvements affecting the health and safety of their residents. In some cases these capital improvements have achieved compliance with municipal codes and averted potential shelter closings.

Overall, ESGP assistance has been provided throughout Massachusetts

to 67 shelters in 27 municipalities .

A reference for further details is given at the end of this progress summary.

2. Operations

Operating costs (excluding staff) of the Pine Street Inn, Boston, are being partially met with ESGP support in the current fiscal year, particularly for the annual Winter Plan expansion. Pine Street Inn is the largest shelter in the Boston area for homeless individuals, with a capacity of more than 700 beds in three permanent locations. Since the level of need has continued to rise each year, even as Massachusetts and other states are experiencing declining revenues, the Emergency Shelter Grant Program has proved to be a valuable and timely complement to the extensive state resources already committed to combat homelessness in Massachusetts.

3. Essential Services

A pilot program of homeless prevention and homeless support services (including permanent housing search) is being funded this year in the rural Berkshire mountain area of Massachusetts. Operated by an established community action agency, this first use of McKinney ESGP funds in the essential services category is expected to help develop a

significant base of support to meet needs among the often less visible non-urban homeless.

A recapitulation of the four ESGP funding rounds to the state, excluding awards made directly to formula cities, is presented below:

<u>Round</u>	<u>FFY Funds</u>	<u>Amount</u>	<u>Date Awarded by State to Grantees</u>
1	1986	\$ 239,000	August 5, 1987
2	1987	678,000	February 8, 1988
3	1988	108,000	June 23, 1988
4	1989	636,000	April 19, 1989
		\$ 1,661,000	

A full report, covering in greater detail the three categories which are summarized above, is contained in three annual reports submitted to HUD Region 1 on 1/31/89 regarding ESGP allocations for federal fiscal years 1986, 1987, and 1988, and in an Interim Report due on 5/19/89 regarding the allocation for fiscal year 1989.

EMERGENCY SHELTER GRANT FFY 1989

The Emergency Shelter Grants Program (ESGP) is administered by the Massachusetts Executive Office of Human Services (EOHS) and the Department of Public Welfare.

The eligible activities under this Emergency Shelter Grant include any of the following performed after February 13, 1989:

"Maintenance, operation (including rent, but excluding non-service staff), insurance, utilities, furnishings, and the provision of essential services concerned with employment, health, drug abuse, education, and the prevention of homelessness."

Funds must be obligated by October 16, 1989. The following organizations received notification of funding awards April 19, 1989.

City of Cambridge	\$ 10,000
Emmaus, Inc., Haverhill	15,000
Housing Assistance Corporation	50,000
Lifeshouse, Boston	10,000
Northern Berkshire Community Action	80,000
Pine Street Inn, Boston	454,000
Wellspring, Gloucester	9,000
Winter Haven, Milford	8,000

TOTAL ALLOCATION: \$636,000

SUMMARY:

In the winter of 1988 the Commonwealth of Massachusetts supported 84 emergency shelters, representing 4,107 beds. Of these, 49 were family shelters with 1,261 beds (418 families) and 26 permanent shelters serving individuals.

Currently, there are approximately 95 shelters - approximately 64 for families and 32 for individuals, serving 582 families and 1,804 individuals.

With the help of McKinney ESG funding and the state, the immediate needs outlined in the CHAP (2) were addressed. Specifically, the CHAP states "The estimate for need of additional shelter beds for individuals is, at a minimum, 400 for Boston alone". The McKinney grant supported in part the Winter Plan 1988-1989 for Boston which provided these 400 beds.

MCKINNEY PROGRAM:

SUPPORTIVE HOUSING DEMONSTRATION PROGRAM

Purpose: This program combines the existing HUD Transitional Housing Demonstration Program and a new Permanent Housing for the Handicapped Homeless Persons. The main purpose is to meet the needs of deinstitutionalized homeless persons and other homeless mentally disabled. This fund may also be used to serve homeless families with children.

Budget Appropriation: FFY 1987 - \$80 Million
FFY 1988 - \$65 Million
FFY 1989 - \$104.6 Million

<u>Total Amount to</u>		
<u>Massachusetts:</u>	FFY 86 - 88 Transitional Housing	\$5,379,278
	FFY 87 - 88 Permanent Housing	<u>\$ 292,927</u>
	FFY 89 - Undetermined	

TOTAL	\$5,672,205
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Massachusetts Funded Projects: See Next Page

Massachusetts Lead Agency and Contact Persons:

Amelie Gelfand
Executive Office of Communities and Development
727-7132

Irene Lee
Executive Office of Human Services
727-8036

Federal Agency & Contract Persons:

Larry Goldberger
U.S. Department of Housing and Urban Development
(202) 755-5720

In three rounds of McKinney funding for Transitional Housing for the Homeless, between October 1986 and September 1988, there were fifteen non-profit project sponsors who received funding. In every case, the projects focused on the specific needs outlined by the Commonwealth of Massachusetts' CHAP. As described in the latest CHAP, there is a need for an array of low-cost housing options with connected services and supports. Target populations include the mentally ill, substance abusers, families (particularly single parents and their children), teenage mothers, and runaways. All of these are populations require not only housing but a multitude of supportive services, including job training, counselling, life skills, child care programs, detoxification programs and others.

Descriptions of the programs and the accompanying supportive services are listed below. In every case, project sponsors indicated that without the federal assistance provided the projects would either not have been able to expand and enhance supportive services or would not have been possible as projects at all. Of the fifteen projects five were for homeless families; four for single mothers and their children; two for single mothers-to-be (primarily teenagers); and one project each for single adults, battered women and children, runaway children, and chemically dependent adults.

The Transitional Housing Projects

First Round - FY '86 funds.

1. The Bridge of Boston, MA, received \$77,143 to rehabilitate a 2 1/2 story frame house. The project provides housing for single mothers and mothers to be between the ages of 16 and 22.

Contact: Barbara Whelan

(617) 423-9575.

Second Funding Round - FY '87

2. The Tri-City Housing Task Force for Homeless Families, Inc., received a Transitional Grant of \$170,000 for Malden, MA to purchase and rehabilitate a large, wood-frame, four-unit structure. The renovations are complete and the project has been open since October 31, 1988. The staff has been hired and families are being housed.

Contact: Lillian Ronan or Nancy Cooper (617) 321-0130).

3. CDC Corporation of Fitchburg and the Catholic Charities. Diocese of Worcester, received a Transitional grant of \$544,275. Of the grant \$190,000 is to be used for the purchase and rehabilitation of a building to house 13 adolescent mothers or mothers-to-be, and their children. In addition, \$354,275 (\$70,855 a year for five years) will be used to provide half of the operating expenses for the project. All renovations have been completed (as of October). There are nine mothers currently being housed together with a residential supervisor. The church has also hired staff to provide 24 hour service when needed. In addition, services have been expanded to include counselling and training of adolescent fathers.

Contact: Leasa Davis

(508) 342-9561

4. The Housing Assistance Corporation (HAC) received a Transitional grant of \$137,500 for Hyannis, MA for the purchase of a 21 unit motel in downtown Hyannis. The property houses twenty families at one time and the adjacent owner's house provides space for common meals and other group activities. The project has been occupied since May 1988. It has been full since mid-June, 1988. Support Services are working well and the budget is covering their needs.

Contact:- Frederic B. Presby

(508) 771-5400

5. The South Middlesex Opportunity Council, Inc. received a Transistional grant of \$88,375 for Framingham, MA to be used for the rehabilitation of a property purchased by the organization. The rehabilitation is complete and the project is running at full capacity, housing eleven single adults at one time. Advocates, Inc. are the service providers for the project.

Contact: James T. Cuddy (508) 872-4853

6. The City of Worcester, Youth Opportunities Upheld, Inc. Friendly House, Inc., and Lutheran Child and Family Services of MA, Inc., received a Transitional grant for Worcester, MA for \$1,523,360 (\$304,672 a year for five years) for half of the operating expenses of the project. The program is utilizing three different sites and provides housing and supportive services for approximately twenty-five families. All three programs are up and running and experiencing a number of successes with clients progressing on into permanent housing (some of which is revitalized HUD housing).

Contact: William C. Mulford or Steve O'Neil (508) 799-1400

7. Casa Myrna Vazquez received a Transitional grant of \$353,350 for Boston, MA with \$195,000 to be used for the rehabilitation of a property in the South End of Boston. In addition, \$158,350 (\$31,670 a year for five years) will be used for operating expenses for the project, which will provide housing and supportive services for eight women and as many as fifteen children at one time. The rehabilitation is done, the project opened February 1988, and is running at full capacity.

Contact: Mercedes Tompkins (617) 262-9581

8. The Housing Allowance Project, Inc. and the Housing and Economic Resources for Women, Inc., received a Transitional grant of \$304,055 for Holyoke, MA with \$150,000 to be used to rehabilitate a property owned by the applicants and \$154,055 (\$30,811 a year for five years) to be used for half the operating expenses. The renovations have been completed and the nine units were rented as of September 1, 1988. The women in the project have 18 month agreements and all support services are in place.

Contact: William Briebart (HAP)

(413) 785-1251

Housing and Economic
Resource for Women

(413) 534-5083

9. The Family Life Education, Inc. and Shelter, Inc., received a Transitional grant of \$1,116,645 for Medford, MA, with \$200,000 to go towards rehabilitation of a former convalescent home. The grant will also provide \$916,645 (\$183,329 a year for five years) for half of the operating costs. The project is currently under renovations and the sponsors hope to be ready for occupancy in late June 1989. Upon completion, the project will provide housing and supportive services for seven families at a time.

Contact: Susan Duley or Robert DeSimone (617) 864-2541

Third Funding Round - FY '88

10. The North Suffolk Mental Association and Community Action Programs Inner City, Inc., in Chelsea, MA were awarded \$190,000 for the acquisition of a three-story six family structure. This deal fell through and the project sponsors, with HUD's assistance negotiated for two three-family structures. All documentation is in and awaiting HUD's environmental review. One site is expected to be ready July 1, 1989 and the second is expected to be ready September 1, 1989. All six families have been identified.

Contact: Virginia Doocy (NSMHA) (617) 884-9471
Robert Repucci (CAPIC) (617) 884-6130

11. The Boston Chambers, Inc., has been awarded a Transitional grant of \$355,125 for the rehabilitation of two three-story duplexes in Dorchester, MA. In addition they received \$71,025 for operating costs. All of the rehabilitation is done and both the housing and classrooms are at full capacity. The project sponsors indicated that the McKinney award allowed the educational component of the project to become much stronger.

Contact: John Cleckley (617) 265-5943

12. Steppingstone, Inc., was awarded a Transitional grant of \$15,500 for the rehabilitation of a three-story building in Fall River, MA. The rehab work is well under way and, upon completion, the project will serve 13 recovering chemically dependent individuals.

Contact: Kathleen Schedler (508) 674-2788

13. Independence House, Inc., was awarded a Transitional grant of \$180,000 to be used for the acquisition/rehabilitation of a three-story apartment house in Hyannis, MA. The acquisition is complete and rehabilitation is progressing. Four single parent families occupy the units.

Contact: Geralyn Garvey (508) 771-6507

14. The Bridge, Inc., was awarded a Transitional grant of \$200,000 for the rehabilitation of two apartment buildings in Brighton, MA. In addition they received \$12,880 for operating costs. Upon completion of the rehabilitation the project will serve fourteen homeless and runaway youths.

Contact: Barbara Whelan (617) 423-9575

15. Franklin Square House was awarded a Transitional grant of \$123,950. Of this \$33,950 will be used for the rehabilitation of an old victorian house in Dorchester, MA. Matching funds of \$18,000 a year, for five years, will be used for operating costs. The project will, upon completion serve fifteen women and children.

Contact: Cheng Imm Tan

(617) 277-4194

Permanent Housing Grantees

The Commonwealth of Massachusetts currently has three projects which have been funded through the McKinney Act Permanent Housing for the Handicapped Homeless Program. As indicated in the CHAP, one of the primary areas of need is for housing for the mentally/physically handicapped. In the fall of 1987, a study conducted by the Department of Mental Health indicated that 2,000 chronically mentally ill individuals were homeless. That number does not include mentally ill individuals who are living on the streets, individuals with physical handicaps, or mentally ill individuals who are not clients of the DMH. It is all of these populations that the three projects are targeting, not only to provide permanent housing but to provide all necessary support services as well. In all three cases, projects were dependent upon McKinney funding in order to proceed. Because of the federal funding permanent housing for 26 mentally handicapped adults will now be available to help address an urgent need. The projects are described below.

First Round - FY '87

1. Emmaus, Inc., a non-profit agency in Haverhill, MA, was awarded \$159,983 in McKinney funds, \$109,983 in state funds (HIF) and \$50,000 in local funds to improve the property at 100 Winter Street in Haverhill. This project will serve six chronically mentally ill homeless adults and two physically handicapped homeless adults. The project is currently undergoing rehabilitation, and occupancy is anticipated for September, 1989.

Contact: Reverend Thomas Bentley

(508) 373-7290

2. The Housing Allowance Project, Inc., (HAP), a non-profit agency in Springfield, MA, was awarded \$33,460 in McKinney funds and \$33,460 in state funds (HIF) to improve a large single family home at 52 Maple Court in Springfield. This project serves eight adults with long term health disabilities and a history of homelessness. The renovations are complete, the units are leased-up and the project is running smoothly.

Contact: Tilman Lucas

(413) 785-1251

Second Funding Round - FY '88

3. The Pine Street Inn, Inc., received a grant of \$99,484 in McKinney funds and \$165,000 in state funds (HIF) for rehabilitation of the property at 394 Washington Street in Dorchester. This project will serve eight adults who are homeless and have been identified as having mental illness. The proposed structure, currently vacant, has been acquired by the Pine Street Inn and preparations are progressing for rehabilitation.

Contact: Jan Griffin

(617) 574-9004

MCKINNEY PROGRAM:

PRIMARY HEALTH SERVICES AND SUBSTANCE ABUSE SERVICES

Purpose: To provide for the delivery of out-patient health services (primary care, substance abuse treatment, mental health services and case management) to homeless individuals.

<u>Budget Appropriation:</u>	FFY 1987 - 46 Million
	FFY 1988 - 14.4 Million
	FFY 1989 - 14.8 Million

<u>Total Amount to Massachusetts</u>	FFY 1987 - \$1,090,662
	FFY 1989 - \$1,344,343

Massachusetts Funded Projects:

Boston HealthLink -	\$ 542,000
Springfield Public Health Department -	\$ 232,760
Worcester Area Committee on Mental Health	\$ 315,902
	<hr/>
	\$1,090,662
 FY'89 - Boston Health Link	 \$ 632,311
Springfield Public Health	\$ 325,241
Worcester Mental Health	\$ 386,791
	<hr/>
	\$1,344,343

Massachusetts Lead Agency and Contact Person:

Joe Vallely
Department of Public Health
727-8614 x250

Federal Agency and Contact Person:

Harold Dame
Department of Health and Human Services
(301) 443-4220

BOSTON HEALTH CARE FOR THE HOMELESS PROJECT

Program Activity

The Boston Health Care for the Homeless Project has continued to dramatically increase direct services to indigent persons in the Boston area. 4054 contacts were made with 1488 homeless individuals in the first quarter of 1988, representing an 80% increase over the previous quarter. The total number of patient contacts in all of 1987 was 7428, and the patient activity in the first quarter of 1988 represents well over 50% of that total.

The Boston Project has made significant achievements in providing access to quality health care for homeless persons since beginning direct care services in the summer of 1985. Table 1 details all health care contacts by quarter, year, and site. The number of contacts now totals 19,417 - an impressive number by any standard. Graphs 1a, 1b, and 1c demonstrate the progression of adult and family activity over the eleven quarters of the Project's existence.

Demographics

Table 3, along with Graphs 3a, 3b, and 3C, contain demographic information concerning the age, sex, and ethnicity of the patient/client population. The ages range from newborns to 86, with an average age of 39 and a median age of 36. 70% are male and 30% are female. Whites comprise 54% of the patient population, with 28% Black and 14% Hispanic. About 2% are Native Americans and 1.5% Asian.

Medical and Social Problems

The total number of problems recorded by the Project providers during the quarter was 3800 (Table 2). Adult medical problems totaled 2564, with psychiatric illness, respiratory infections, trauma, alcoholism, and hypertension proving the most frequent. 732 problems were recorded by the adult social workers and case managers. Family medical problems totaled 191, with the most common being upper respiratory infections, health assessments, pregnancy, chicken pox, infestations, and diarrhea.

(See Appendix for additional information)

MCKINNEY PROGRAM:

SUPPLEMENTAL ASSISTANCE FOR FACILITIES TO ASSIST THE HOMELESS
(SAFAH)

SUPPLEMENTAL ASSISTANCE FOR FACILITIES TO ASSIST THE HOMELESS DID NOT RECEIVE ANY ALLOCATION IN FY'89.

Purpose: The purpose of this program is to enable facilities providing assistance to the homeless to fund innovative program approaches, and to meet the special needs of families with children, the elderly and the handicapped.

<u>Budget Appropriation:</u>	FFY 1987 -	\$15 Million
	FFY 1988 -	0

<u>Total Amount to Massachusetts:</u>	FFY 1987 - 1988	\$ 1,060,000
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AWARDS:

City of Boston, MA received \$1 Million to create 372 new shelter beds and to expand a variety of supportive services for the homeless. The city will use these funds to support 21 separate programs delivered by 117 different agencies.

Dove, Inc., Quincy MA received \$60,000 to expand services at an existing shelter for battered women and children, with the focus on helping the children. Funds will be used to upgrade housing advocacy and children's programs.

Massachusetts Lead Agency and Contact Persons:

Mary Giammerino
Executive Office of Communities and Development
727-8036

Federal Agency & Contact Person:

Larry Goldberger
U.S. Department of Housing and Urban Development
(202) 755-5720

Note: This is intended to provide additional shelter or innovative housing assistance to primarily the homeless elderly and families with children. No appropriation was given for FFY 1988.

MCKINNEY PROGRAM:

EMERGENCY COMMUNITY SERVICES HOMELESS GRANT PROGRAM

Purpose: The act establishes a new program whereby states can apply for funds for the purpose of providing emergency community services to the homeless.

<u>Budget Appropriation:</u>	FFY 1987 - \$36.6 Million
	FFY 1988 - \$19.1 Million
	FFY 1989 - \$18.9Million

<u>Total Amount to Massachusetts:</u>	FY 1987 - \$ 935,410
	FY 1988 - \$ 489,378
	FY 1989 - \$ 483,500
	<u>\$1,908,288</u>

Eligible Applicants: Community Action Agencies

Massachusetts Funded Projects: see next page

Intent to provide \$30,000 to each CAA (25 statewide).

Massachusetts Lead Agency Contact Person:

Richard Smith
Executive Office of Communities and Development
727-0050

Federal Agency & Contact Person:

Jane Checkan
U.S. Department of Health and Human Services
(2020) 252-5261

Note: Funds are allocated to Community Action Agencies using an existing Community Block Grant Formula.

A SUMMARY OF EOCB/OCA EMERGENCY COMMUNITY SERVICES
HOMELESS GRANT PROGRAM, FISCAL YEAR 1987

Action, Inc. (Gloucester)

Area homeless coordination that included direct service provision (20), a needs assessment, and resource development. Over \$70,000 was raised from public funds and private contributions.

Action for Boston Community Development (Boston)

Provided case management and housing search activities for the homeless at six neighborhood-based delegate agencies, conducted a city-wide needs assessment, provided support to the Boston Food Bank; providing over 3,000 meals.

Berkshire Community Action Council (Berkshire County)

Provided case management and direct services.

Cambridge Economic Opportunity Committee (Cambridge)

Provided housing search, stabilization services, and emergency food to 229 homeless families and individuals. Actively participated in local and statewide homeless coalitions.

Citizens for Citizens (Fall River)

Provided local/regional coordination of homeless programs, case management for homeless single males.

Community Action Agency of Somerville (Somerville)

Provided Case management for 31 homeless families, actively participated in the Mayor's Advisory Committee on Homeless that completed a needs assessment, participated in several statewide homeless coalitions.

Community Action, Inc. (Haverhill)

Coordinated two regional homeless task forces that conducted comprehensive needs assessments and developed community strategies to expand homeless services. The educational needs of homeless children were identified and funding was sought for family day care and home based Head Start Program to meet those needs.

Community Action Program Intercity (Chelsea/Revere)

Conducted a needs assessment that documented 60 homeless families per month, and indicated the need for transitional housing and the establishment of a Housing Search Program. Direct service provision also placed five homeless families in permanent housing.

Community Action Committee of Cape Cod and the Islands (Hyannis)

Provided advocacy, information and referral to homeless families living in motel/hotels; sponsored six workshops for homeless providers.

Community Teamwork, Inc. (Lowell)

Staffed the Greater Lowell Homeless Coalition and conducted a needs assessment.

Franklin Community Action Corporation (Franklin County)

Hired a community organizer to identify barriers and ensure access to services for homeless families and individuals.

Greater Lawrence Community Action Council (Lawrence)

Conducted a needs assessment that identified a monthly homeless population of over 150, organized a community coalition on homeless that increased the coordination of homeless services, provided case management and advocacy for 131 homeless individuals.

Hampshire Community Action Commission (Hampshire County)

Organized the Hampshire County Homelessness Coalition, provided case management (64 households), developed bi-lingual case management program (18 households), prepared a video on homelessness to educate the community and stimulate private contributions, developed and received VISTA volunteers for a stabilization program.

Lynn Economic Opportunity, Inc. (Lynn)

Provided case management and advocacy to 455 homeless families and individuals; convened the Lynn Task Force on Homelessness that resulted in improved coordination of services; conducted a needs assessment, produced a resource guide; developed a furniture pool and transportation service.

Montachusett Opportunity Council (Fitchburg)

Provided case management and local/regional coordination of homeless services for 185 households.

North Shore Community Action Program (Peabody)

Coordinated homeless service providers, produced a comprehensive resource manual, provided transportation services for homeless families and individuals.

People Acting in Community Endeavors (New Bedford)

Created a Homeless unit that provided case management and advocacy to one hundred and fifty-four (154), developed a furniture pool that assisted 32 homeless families.

Quincy Community Action Organization (Quincy)

Provided advocacy and housing placement for 61 homeless families and individuals, delivered meals to thirty (30) homeless living on the streets, raised over \$9,000 of private contributions for homeless programs.

Self Help, Inc. (Brockton)

Provided direct services (transportation, housing search) to homeless families and individuals, conducted a needs assessment, and participated in a regional homelessness task force. Two hundred and twenty-five (225) individuals were served.

Springfield Action Commission (Springfield)

Provided advocacy and outreach to homeless families and placement of homeless children in Head Start, Day Care programs.

South Shore Community Action Council (Plymouth)

Provided local/regional coordination of homeless services (31).

South Middlesex Opportunity Council (Framingham)

Provided stabilization services for 20 homeless households.

Tri-City Community Action Program (Malden)

Provided case management and advocacy to ninety-one (91) homeless families and individuals, developed a non-profit organization to act as clearinghouse for local services to the homeless.

Valley Opportunity Council (Chicopee/Holyoke)

Sponsored a regional conference that identified the needs of homeless children and secured funding for a day care program serving children living in homeless shelters, provided comprehensive stabilization services to eight homeless families.

Worcester Community Action Council (Worcester)

Created the Homeless Children Task Force that has significantly coordinated homeless projects and developed new services for homeless children, provided advocacy, case management for sixty (60) homeless Hispanic households.

A SUMMARY OF EOCD/OCA EMERGENCY COMMUNITY SERVICES
HOMELESS GRANT PROGRAM, FISCAL YEAR 1988

Action, Inc. (Gloucester)

Providing coordination of area's homeless programs that will result in increased services to the homeless.

Action for Boston Community Development (Boston)

Providing inter-agency coordination of homeless services; developing a resource listing of public and private housing; providing housing placement and follow-up stabilization services, and continuing its survey of the homeless in six Boston neighborhoods.

Berkshire Community Action Council (Berkshire County)

Providing housing placement services for 40 homeless families; and conducting community education programs around the issue of homelessness.

Cambridge Economic Opportunity Committee (Cambridge)

Linking homeless individuals with rental housing subsidies and available apartments.

Citizens for Citizens (Fall River)

Providing case management and direct services (including temporary shelter) for the homeless.

Community Action Agency of Somerville (Somerville)

Providing housing placement for 10 homeless families and actively participating in the area's homeless task forces.

Community Action Program Intercity (Chelsea/Revere)

Providing permanent housing placement for 15 homeless people, and developing new resources for needs identified in the FY'87 EHP homeless survey.

Community Action Committee of Cape Cod and the Islands (Hyannis)

Providing 10 training sessions for the area's homeless service workers; conducting a survey of Cape Cod's homeless singles, and developing solutions to quality of life issues for homeless families living in shelter and motel/hotels.

Community Teamwork, Inc. (Lowell)

Providing advocacy services and promoting private sector involvement and assistance for the homeless.

Community Action, Inc. (Haverhill)

Coordinating local homeless efforts that will develop a drop-in center for homeless people and a temporary shelter during the winter months.

Franklin Community Action Corporation (Franklin)

Assisting homeless people to access available resources.

Greater Lawrence Community Action Council (Lawrence)

Providing emergency services for the homeless, and developing a referral system to match the homeless with available apartments.

Hampshire Community Action Commission (Hampshire County)

Providing bi-lingual case management services, and coordinates the areas Homeless Coalition.

Lynn Economic Opportunity, Inc. (Lynn)

Providing case management and advocacy services, conducting a needs assessment and coordinating the local task force.

Montachusett Opportunity Council (Fitchburg)

Providing case management and advocacy services to 60 homeless families and individuals, follow-up stabilization services, and participating in the area's homeless coalitions.

North Shore Community Action Program (Peabody)

Distributing 5,000 homeless service resource guides, developed in FY'87; providing case management and advocacy, and conducting a needs assessment.

People Acting in Community Endeavors (New Bedford)

Operating a furniture pool, providing case management for 70 homeless families and individuals, and participating in the city's homeless coalitions.

Quincy Community Action Programs, Inc. (Quincy)

Coordinating local homeless efforts and increasing private sector assistance to the homeless.

Self-Help, Inc. (Brockton)

Providing case management and permanent housing placement for 300 homeless families and individuals.

Springfield Action Commission (SAC)

Providing case management for homeless families with young children to ensure day care and Headstart placements, and providing transportation for homeless families.

South Shore Community Action Council (Plymouth)

Providing case management and advocacy for 75 homeless families and individuals.

South Middlesex Opportunity Council (Framingham)

Providing follow-up stabilization services for homeless families and individuals.

Tri-City Community Action Program (Malden)

Providing case management and advocacy for 75 homeless families and individuals.

Valley Opportunity Council (Chicopee/Holyoke)

Providing SRO placement and case management for homeless individuals.

Worcester Community Action Council (Worcester)

Coordinating the city's Homeless Children's Task Force, developing a shelter for pregnant women with AIDS, developing a day drop-in center for the homeless, designing workshops for school personnel about the special needs of homeless children, and planning a major conference, "Children Without Homes" for over 300 area providers.

MCKINNEY PROGRAM:

EDUCATION FOR HOMELESS CHILDREN AND YOUTH

Purpose: To establish a state office of Coordination of Education of Homeless Children to ensure that homeless children are able to take advantage of public education opportunities available to every child.

<u>Budget Appropriation:</u>	FFY 1987 - \$4.6 Million
	FFY 1988 - \$0
	FFY 1989 - \$4.6 Million

<u>Total Amount to Massachusetts:</u>	FFY 1987 - \$ 89,000
	FFY 1989 - \$ 91,000
	TOTAL - \$180,000

<u>Eligible Applicants:</u>	Department of Education in each state
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Massachusetts Funded Projects:

Department of Education:	to develop a comprehensive plan for ensuring optimal educational opportunity for children while they are homeless.
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Massachusetts Lead Agency and Contact Person:

Michelle Fryt
Department of Education
770-7549

Federal Agency and Contact Person:

Sarah Newcomb
US Department of Education
(202) 732-2390

MCKINNEY PROGRAM:

HOMELESS CHILDREN

In February 1988 the Department of Education received its first McKinney grant of \$89,000 (federal FY'87 funds). This money can be used through September 1989.

In August 1988 a Coordinator of the Office for the Education of Homeless Children and Youth was hired. This coordinator, Michelle Fryt, completed two requirements of the McKinney Act in the past 8 months:

- 1) surveyed all school districts, shelters and hotels/motels to determine the number, location and educational needs of homeless children in Massachusetts
- 2) formulated a state plan to address the educational needs of this population

The state plan "Educational Services for Homeless Children and Youth" defines the policies of the Department of Education regarding the education of homeless children and youth and delineates an 18-month plan of activities to ensure that all homeless children in the Commonwealth receive the appropriate education in the least disruptive manner possible. Proposed activities include:

- o holding statewide inservice training for school personnel to sensitize them to the unique needs of homeless children and to provide them with concrete strategies to use in the school to support this group of children;
- o setting up a statewide volunteer tutor network for children living in hotels, motels and shelters, and investigating the educational needs of homeless adolescents in adolescent shelters.

MCKINNEY PROGRAM:

ADULT EDUCATION FOR THE HOMELESS

Purpose: In recognition that the existing adult basic education may not currently be available to the homeless, an amendment is added to the Adult Basic Education Act to ensure that the homeless are eligible for these services.

<u>Budget Appropriation:</u>	FFY 1987 - \$6.9 Million
	FFY 1988 - \$7.18 Million
	FFY 1989 - \$7.094 Million
<u>Total Amount to Massachusetts:</u>	FFY 1987 - \$119,607
	FFY 1988 - \$126,247
	FFY 1989 - Undetermined
TOTAL	\$245,854

Eligible Applicants: Department of Education in each state

Department of Education:	Development of two to four pilot programs; hiring planner/grants manager; forming an advisory board.
	January 1, 1989 targeted startup date.
	The scope of services will include literacy training, for English speaking and non-English speaking persons, basic skill remediation, survival skills, and pre-vocational skills training.

Massachusetts Lead Agency and Contact Person:

Mary Jane Schmitt
Department of Education
Bureau of Adult Education
770-7581

Federal Agency and Contact Person:

Sarah Newcomb
US Department of Education
(202) 732-2390

Note: Due to technical problems with the enabling legislation, this program could not be implemented without an amendment to the legislation. Therefore, the funds from FFY 1987 and 1988 are being combined. The money will be distributed using formula developed under the Adult Basic Education Act.

COMPREHENSIVE HOMELESS ASSISTANCE PLAN PERFORMANCE REPORT

MAY 2, 1989

The Bureau of Adult Education is working closely with four model demonstration projects through a McKinney act award of \$119,000 for January 1, 1989 to September 30, 1989) that represent partnerships between adult learning centers/providers and homeless shelters. The projects are:

- * Operation Bootstrap (adult learning center) and the Lynn Shelter Association;
- * Literacy Volunteers of Massachusetts and the Long Island Shelter for the Homeless;
- * Greenfield Literacy Project and the Greenfield Family Inn, Orange/Athol Family Inn, and the New England Learning Center for Women in Transition (primarily for "battered women"); and,
- * Bridge Over Troubled Water and greater Boston area homeless shelters.

The Bureau of Adult Education is providing technical assistance to each of these funded projects to assist them in their program collaboration. Each of the projects is effectively meeting their internal program goals. The projects have recruited and trained staff, initiated assessment and referral procedures, identified homeless individuals who wish to receive literacy training, and begun classes according to schedule. Each project has completed a quarterly report which documents the numbers of individuals served and their educational progress to date. Close attention is being paid to the critical issues around matching the needs of the homeless with available facilities and services.

The Bureau of Adult Education has convened three meetings which have been attended by staff from the homeless shelters and staff from the adult learning centers. The purpose of these meetings is to share information, identify effective practices, and provide feedback on ways to strengthen each of the programs.

Each of the projects has set aside 8% of their budgets for an outside formative evaluation. On April 25 representatives from each project interviewed and selected an outside evaluator who will provide a formative evaluation for these programs. This evaluation will begin by the third week in May. The Bureau of Adult Education will work closely with these projects to ensure that they are documenting the programs successes and identifying strategies for program improvement. The Bureau of Adult Education will oversee this evaluation effort to ensure that the efforts described are appropriate for the homeless population being served.

MCKINNEY:

COMMUNITY MENTAL HEALTH SERVICES

Purpose: The act would authorize a new block grant for services to chronically mentally ill homeless individuals and would provide additional funding for two existing demonstration programs.

<u>Budget Appropriation:</u>	FFY 1987 - \$32.2 Million
	FFY 1988 - \$11.5 Million
	FFY 1989 - \$14.1 Million

<u>Total Amount to Massachusetts:</u>	\$1,217,600 (over 2 yrs.)
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<u>Massachusetts Funded Project:</u>	FFY89	\$ 374,645
	Total	- \$1,592,245

<u>Department of Mental Health:</u>	to provide community mental health services to homeless individuals who are chronically mentally ill.
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- o provide outreach services
- o provide diagnostic services, crisis intervention, habilitation and rehabilitation services
- o referrals to medical facilities for necessary hospital services and substance abuse treatment
- o provide training to shelters, mental health clinics and other sites
- o provide appropriate case management services to homeless mentally ill individuals

Massachusetts Lead Agency and Contact Person:

Carol Johnson
Department of Mental Health
727-5966

Federal Lead Agency and Contact Person:

Irene Shifrin-Levine
NIMH
(301) 443-3706

September, 1988

DESCRIPTION OF NIMH BLOCK GRANT
FOR MENTAL HEALTH SERVICES
TO HOMELESS POPULATIONS

The Massachusetts, Department of Mental Health (DMH) has received a grant of \$1.2 million from the National Institute of Mental Health through the Stewart B. McKinney Homeless Act. The Federal money is being used to provide on-site clinical services at shelters, a need demonstrated by the Department's Homeless Field Study of 1987. Nineteen Mental Health Shelter Specialists (MHSS's) are being hired to work throughout the six regions of the state. They will provide clinical services for homeless individuals and families.

Mental Health Shelter Specialists will work under the auspices of DMH-Area Shelter Services Directors as part of the DMH team implementing the Department's "Shelter Services Policy." This policy standardizes the basic Mental Health Services made available to all homeless shelter sites. The services include: (1) mental health clinical consultation, (2) case management, (3) emergency services, and (4) mental health education and training. The resources available through the McKinney Homeless Block grant assure implementation of the DMH Shelter Services Policy by providing the start-up funding for the clinical component.

Working on-site at all shelter sites, the MHSS's provide direct mental health services, as indicated, plus give clinical support, training, and educational services to shelter staff. The clinical services include a range of options: mental health crisis interventions, diagnostic impressions, psychotherapy, mental health referrals, other service referrals, treatment planning, or group therapy.

Mental Health Shelter Specialists are all Master's level clinicians with several years of community mental health experience and consultation skills. Their clients are homeless persons who are assessed to be either (a) severely mentally ill or (b) members of families exhibiting emotional impairment to the degree of not being able to function (adults) or, in the case of children, not exhibiting normal emotional behavior.

It is anticipated that federal monies for this program will be available for at least two years and may be extended beyond that time depending on continuing funding for the McKinney Homeless Act.

McKINNEY PROGRAM:

COMMUNITY BASED DEMONSTRATION PROJECTS FOR ALCOHOL AND DRUG
ABUSE TREATMENT FOR HOMELESS INDIVIDUALS

PURPOSE: To provide competitive grants to public and private nonprofit agencies that will develop and implement successful and replicable approaches for providing community based alcohol and/or drug abuse treatment and rehabilitation services to homeless people with substance abuse problems.

Budget Appropriation:

FY 88 - \$1,050,000
over 2 yr. period

FY'89 \$665,272
3rd year of grant

Massachusetts Funded Projects:

NIAAA Stabilization Services for Homeless Substance Abusers

Massachusetts Lead Agency and Contact Person:

Dennis McCarty
Department of Public Health
727-8614

Federal Agency and Contact Person:

Barbara Lubran
National Institute on Alcohol Abuse and Alcoholism
(301) 443-0786

STABILIZATION SERVICES -PROJECT --

PROGRESS REPORT

May 17, 1989

Abstract

The Stabilization Services for Homeless Substance Abusers (SSHSA) Demonstration Project provides stabilization and transitional care for adult men (86%) and women (14%) alcohol and drug abusers (30%) in the City of Boston who are homeless or at risk of being homeless. Four models of service and two levels of case management are demonstrated, evaluated, and compared. Two of the services are available currently in substance abuse treatment programs--Boston Detox Transitional Care (10 beds) and STAIR (Short-Term Addiction Intervention Residence) (10 beds). Stabilization services are also provided in two shelters for the homeless--the Long Island Shelter (10 beds) and the Shattuck Shelter (10 beds). A total of 40 beds are available for project clients. Half of the clients in each program receive case management services to coordinate substance abuse rehabilitation services with other social services and entitlements available to homeless individuals. During the first seven months of services, 268 men and women entered treatment. The mean stay has been 24 days.

Boston Detox Transitional Care

Boston Detox Transitional Care provides a post-detox stabilization period that gives newly sober clients additional time to recuperate before returning to the community. Project clients receive individual and group substance abuse counseling, housing assistance, vocational training, and training in daily living skills. Seventy-two clients were admitted during the first 7 months. The average length of stay was 19 days; those who completed treatment had a mean stay of 36 days.

STAIR

STAIR works with homeless and near homeless men and women who have failed in prior attempts at recovery from substance abuse. During the project, stabilization services include substance abuse treatment (individual counseling, group counseling, and self-help meetings), identification of vocational and housing needs, and referrals to appropriate placements. STAIR is primarily a treatment planning experience that extends the early recovery stage for several weeks because of the clients' histories of rapid relapse. The goal is to place clients in continued substance abuse treatment while helping them address housing and vocational needs. So far, 53 clients have been admitted. The mean length of stay was 34 days. Clients who completed stayed about 50 days because STAIR does not begin to place clients until the third week of service.

Long Island

A ten-bed holding area has been developed to support detoxified alcohol and drug abusers and help them maintain sobriety while waiting for placements in recovery homes or community housing. Counselors coordinate medical services, locate ambulatory substance abuse treatment, provide vocational and housing referrals, and facilitate access to entitlements and social benefits. Lengths of stay vary, but have averaged 25 days for 59 admissions.

Shattuck Shelter

The Shattuck Shelter Transitional Care Program provides short-term care for individuals waiting for placement in long-term substance abuse treatment. The program is designed to provide a sense of stability for the guests. A full-time coordinator staffs the program and counsels, case manages, and monitors guests. Daily AA meetings

are available and attendance is required. Shattuck admitted the most clients (n = 84) and has averaged a 19 day stay. Clients who completed treatment had a mean stay of 31 days.

Case Management

Case management facilitates services in different systems of care. Experienced individuals negotiate access and coordinate service delivery for clients who are unable to solve the complexities of gaining admission to bureaucratic service agencies. A case manager follows and leads clients from one care system to another to ensure that the client receives all necessary and available services. Four case managers are used in the stabilization project. Total case load is 40 to 60 clients per year; active case loads average 15 to 30 individuals. The client is given assistance locating residential and ambulatory substance abuse services, social services, medical services, jobs, and housing. Case managers work with clients for six to nine months from time of admission into the stabilization program. Clients are assigned to case management or customary aftercare after 21 days in stabilization. Approximately 64% of the clients remain in Stabilization long enough to be assigned to one of the categories.

Eligibility and Selection

Case managers screen men and women who complete detoxification. Eligibility is determined by ten criteria: 1) medically clear and stable, 2) homeless or at risk of being homeless, 3) 18 years of age or older, 4) presence of a substance abuse (alcohol, alcohol and drug, or drug) problem, 5) stable mental health, 6) motivated to participate and willing to enter any one of the four demonstration programs, 7) no prior admissions to the demonstration project, 8) not enrolled in another program, 9) currently unemployed, and 10) no significant current criminal justice involvement. Clients who pass the screening interview are assigned randomly to one of the demonstration programs. Between August 15, 1988 and March 31, 1989, 268 clients were admitted. Between 400 and 500 clients will be admitted each year.

Evaluation

Process and outcome evaluation are major project activities. The evaluation design is a program location (treatment agency vs. shelter) by case manager (present vs. absent) 2 x 2 factorial design. Data are collected on client characteristics, participation in treatment, treatment referrals, job and housing placements, client assessment of services, and time to readmission to detoxification. Process data monitor program implementation.

Year 2

The project anticipates few major changes during Year 2. Emphasis will be placed, however, on institutionalization of the shelter programs, completion of data collection, and preparation of reports. Project staff will be expanded to include two program coordinators who will attempt to formalize the services in the shelters and articulate program philosophies and methods. A more aggressive follow-up of dropouts initiated during Year 2 (with savings from Year 1) will be continued during Year 3. The project coordinators and dropout follow-up will provide a more comprehensive description of the project and enhance replication efforts.

Progress Achieved

Six major goals were set forth in the initial application. Progress in achieving these goals has been substantial despite the fact that clients have been served for only seven months (September 1, 1988 - March 31, 1989).

Goal 1.

Increase formal linkages among alcohol treatment, drug treatment, health and mental health, housing, education, employment and social service agencies in addressing the multiple needs of homeless individuals with alcohol and/or drug-related problems.

A Project Advisory Committee was established and includes Project staff, Stabilization Site Directors, shelter providers, alcohol and drug abuse treatment providers, state and local agency representatives and consultants. The committee has met monthly since the inception of the Project. (See Appendix A for a list of Committee Members and minutes of the meetings held.)

One of the major roles of the Advisory Committee is to act as a catalyst for the promotion of issues relevant to homeless substance abusers. Foremost among these issues in Boston is the development of alcohol and drug-free transitional and permanent housing. To this end, the Advisory Committee, in collaboration with the Division of Substance Abuse Services, is planning a public forum to promote alcohol and drug-free housing. The conference will occur May 15, 1989. State and municipal elected officials, leaders of community and neighborhood groups, businessmen and women, public and private agency representatives, service providers and housing experts will participate, establish a dialogue, provide information, and elicit cooperation to increase alcohol and drug-free transitional and permanent housing for recovering homeless substance abusers. Two tangible products will be a census of existing transitional and permanent housing and a distribution plan for the \$100,000 loan fund targeted for transitional housing by the 1988 Anti-Drug Abuse Act.

In addition to the efforts of the Advisory Committee, Project leadership and staff have continuously engaged in linkage activities designed to address issues that affect the homeless. Appendix B provides a record of participation in meetings, conferences and presentations designed to promote the Stabilization Services Project, solve problems and/or provide assistance to others working with the homeless. A total of 199 linkage activities took place between July 1, 1988 and March 31, 1989.

One of the most successful linkage activities was a six session training program focused upon the problems of homeless substance abusers. The Principal Trainers were Gerald Garrett, Ph.D. and Russell Schutt, Ph.D.. The sessions examined alcohol and drug abuse, mental illness, AIDS, and the unique problems of homeless women and families. Additionally, one complete session was devoted to the examination of the role of casemanagers in relation to homeless clients. Appendix C provides an outline of the objectives, structure and content of the training program. A total of 77 individuals from 36 separate agencies attended one or more of the training sessions. A major benefit of the training was the opportunity for workers in various fields to become acquainted on a face-to-face basis and discuss issues of homelessness which were commonly faced by all workers. It was the consensus of participants that additional opportunities to interact, through additional training sessions or some other mechanism, should be structured to capitalize on the training experience. Project leadership has responded to this request by proposing additional training sessions as part of the third year effort.

The success of the Stabilization training encouraged the Department of Public Health, the Shelter Providers Association and the Department of Public Welfare to extend substance abuse training to shelters throughout the State. Shelter providers have extended their attention to the need to address the problem of substance abuse among guests. The Division of Substance Abuse has begun to focus on shelters as locations where substance abuse treatment intervention could begin. The first step was a Conference of Alcohol and Shelter Providers November 4, 1988 at Holy Cross College in Worcester, Massachusetts. The conference converged the efforts of the two service provider networks. Since that time, significant progress has been made to train shelter providers in substance abuse and AIDS counseling. A statewide training program addressed identification, assessment, and referral for alcoholism and drug abuse in shelter settings was developed and implemented. A similar program is planned to provide information about AIDS and HIV infection for shelter workers. The agendas are included as Appendix D.

Goal 2.

Use stabilization services to increase the number and probability of homeless and near homeless substance abusers entering and completing post-detoxification treatment programs for alcoholism and drug abuse.

In accordance with its original design, the Stabilization Services Project provides homeless and near homeless clients with a post-detox period of stability in which programming and treatment planning occur. Ten beds at four separate sites are dedicated to Project clients. Twenty beds are located in shelter settings (10 beds at Shattuck Shelter and 10 beds at Long Island Shelter) and 20 beds are located in traditional alcoholism treatment settings (10 beds at the Boston Transitional Care Facility and 10 beds at the Short Term Addiction Intervention Residence). Four project case managers screen potential clients and provide case management services to assigned clients. A status report is provided in Appendix E.

As of March 31, 1989, 298 potential clients had been screened and 268 had been accepted into the Stabilization Services Project. At present, 11% are in the first phase of the Stabilization Project (generally a 28-30 day period of residence at one of the four stabilization sites); 41% have completed phase one and have gone on to recovery home placement at other treatment programs; 5% of the project participants were dismissed from the stabilization sites for various rule violations; and 43% dropped voluntarily.

Clients entered the Project through one of six entry points: 25% from Andrew House Detox (a detox which serves dually diagnosed clients); 34% from River Street Detox; 18% from Dimock Detox; 20% from Boston Detox; 2% from the Pine Street Inn (a shelter); and 1% from CASPAR Detox, which was only recently added as a client entry facility. Clients have been randomly assigned to the four stabilization sites as follows: 20% to the STAIR Program; 22% to the Long Island Shelter; 27% to Boston Transitional Care Facility; and 31% to the Shattuck Shelter. This distribution is close to original projections that each site would receive approximately 25% of the client caseload. Deviation from the projected 25%/site is due to differential rates of client turnover at the four sites. An inverse relationship exists between length of client stay and the proportion of clients assigned to a site. Clients who completed phase one of the Stabilization Project stayed an average of 50 days at STAIR, 36 days at Long Island Shelter, 36 days at Boston Transitional Care Facility and 30 days at Shattuck Shelter. The mean completion time across sites was 37 days. Clients who dropped out stayed an average of 9 days at Shattuck, 14 days at STAIR, 11 days at Long Island, and 5 days at Boston TCF. The mean length of stay for dropouts was 9 days. Clients who were administratively terminated stayed an average of 26 days at Shattuck, 24 days at STAIR, 21 days at Long Island, and 3 days at Boston TCF. The mean length of stay for administrative terminations across sites was 23 days.

Random assignment of client to case management or customary aftercare occurs at day 21 of the stay at a stabilization site. As of March 31, 1989, the randomization procedures had resulted in a 50/50 assignment of clients to the two conditions (77 in each group).

The status of the total clients assigned to the respective sites varies. On March 31, 1989, Shattuck Shelter had 7% of its assigned clients in residence at the Shelter; 38% of the clients had completed stabilization; 48% had dropped from this site; and 7% had been administratively terminated. Long Island Shelter had 14% of its clients in residence; 44% had completed, 35% dropped out; and 7% had been terminated. STAIR had 15% of its clients in residence; 45% had completed; 34% had dropped out; and 6% had been terminated. Boston TCF had 10% of its clients in residence; 39% had completed; 50% had dropped out and 1% had been terminated. Although premature, these data seem to support the project premise that stabilization services can be successfully implemented in shelter and treatment settings.

Goal 3.

Use stabilization services and the program counselors and case managers from the demonstration project to increase the number of homeless substance abusers entering and remaining in long term housing.

Case managers have begun to develop a list of housing referrals for recovering substance abusers. This listing will form the basis for the census of available housing to be produced in conjunction with the May 15 housing conference.

In addition to developing a census of existing housing, Project Staff, in collaboration with the Division of Substance Abuse, have been working to create additional transitional housing. Fifteen State subsidized housing certificates ("707" certificates) were provided by the Division of Substance Abuse to the Paul Sullivan Trust for an alcohol and drug-free lodging house.

Project Staff have publicized and promoted the Oxford House concept among community groups as an efficient and effective mechanism to develop housing for recovering individuals. A number of agencies have expressed interest in the Oxford House approach. More directly, case managers are working to group together successful graduates of the Stabilization Services Project to apply for loans which would enable them to start their own Oxford House. Funds from the 1988 Anti-Drug Abuse Act will soon be available in the form of shortterm loans not to exceed \$4,000/applicant. The intent is to develop one or more Oxford Houses which would be dedicated to Stabilization project graduates. The communality of being Project participants will help bond these clients and assist in the maintenance of their sobriety.

Lastly, the Stabilization Services Project facilitated NIAAA-funded technical assistance to community agencies preparing HUD funding applications for transitional housing. Seven community agency representatives met with Cynthia Friedmutter (NIAAA Technical Consultant) on January 30, 1989 to discuss HUD funding applications. Since that meeting, three of the seven agencies have pursued the development of an application and have utilized the services of the Technical Consultant. The Friends of the Shattuck Shelter are seeking funds for the renovation and operation of fifteen units of transitional housing for men. The Paul Sullivan Trust is seeking additional HUD funding to expand a current transitional housing development by 8 to 10 beds. Lastly, The Homeless Women Housing Initiative is seeking HUD funding for eight units of transitional housing for women. Two additional agencies, Jesse's House in Northampton and Gandara House in Springfield subsequently requested and received technical assistance for the development of HUD proposals. If all programs are funded, almost 50 units of alcohol and drug free housing will be created.

Goal 4.

Use stabilization services and the counselors and case managers in the demonstration project to increase the number of homeless and near homeless substance abusers acquiring and maintaining jobs.

The efforts of Project case managers are largely focused on dealing with the substance abuse problems of their clients at the outset of Project involvement. Establishing sobriety is a necessary prerequisite to the resumption of activities in the economic marketplace. However, as clients progress through the continuum of care, the need to address the issue of employment assumes greater importance. Gainful employment becomes critical to the full recovery and re-entry of clients into society.

To assure the availability of employment retraining and assistance, linkages between the Stabilization Services Project, the Massachusetts Rehabilitation Commission, the Boston Jobs Academy, the Department of Public Welfare and the Governor's Outreach and Assistance Program have been forged. Each of these agencies, in addition to the job counseling provided directly by Project case managers, have provided tangible assistance to clients through skills assessment testing, skills acquisition and employment placement.

Goal 5. Use stabilization services to increase access to health and mental health services.

One of the ten screening criteria used by Project case managers requires that candidates for the Project be physically clear and able to participate in programming at any of the four stabilization sites. This requirement for participation is facilitated by the fact that the five detoxification centers serving as entry points to the Stabilization Project are medical model detoxes. All clients served by the detoxes are medically screened to assess medical needs and these needs are addressed prior to Project entry.

Notwithstanding such medical clearance, medical problems may develop after the clients have been accepted into the Project. Medical care is provided on site at the two shelter sites by Health Link (the Health Care for the Homeless Team). Medical services are available to all clients at all Stabilization Project sites from back up hospitals which service these sites.

A second criterion for Project entry requires that clients be mentally stable and able to function even though such stability and functioning may be possible only through the continued medication. The Stabilization Services project has worked closely with Andrew House Detox, a dual-diagnosis detox, in selecting dually diagnosed clients who could benefit from participation in the Project. As of March 31, 1989, 25% of all Stabilization Service clients had been accepted from Andrew House Detox.

Goal 6. Evaluate and Compare the Stabilization Services.

Evaluation of project activities and client outcomes is a major project effort which involves all project personnel. To ensure the timely and complete collection of data a fulltime research assistant was added to the central office staff.

Project activity is monitored and measured using a variety of data collection instruments and techniques. The Weekly Activities Report Form and Client Services Report Form are completed by the case managers and provide a comprehensive accounting and description of services provided to clients and interagency linkage. (Appendix F)

Client outcome is measured primarily by the admission and the client follow-up forms administered at 30, 90, 180 and 270 days after project entry. These instruments contain a variety of questions including the Addiction Severity Index and assess client functioning in major life areas. Comparison of the assessments at different points in time provides an indication of client improvement. (Appendix F)

Programmatic evaluation (programmatic quality control) is carried out via site visits and client satisfaction surveys administered at program completion. Periodic collection and analysis of client diary data also provide a "snap shot" of programming at the Stabilization Sites. (Appendix F)

Data collection is on-going with quality control oversight being a major responsibility of the Evaluation Director. The analysis of project data and the generation of reports have begun. Early analyses have been geared to examining process data to trouble shoot program implementation issues and advise policy formulation. As the client data base grows and the volume of client outcome data increases, analyses will focus on client outcome questions.

Participation in the National Evaluation formally begins with the first quarterly report (April 28, 1989). Informal participation in designing the National Evaluation has been on-going as has the exchange of information and evaluation materials with other demonstration sites. No problems are anticipated in complying with the National Evaluation data requirements.

Approach

Current Program

Implementation of the Stabilization Services Project has been carried out in accordance with the blueprint contained in the original application for funding. The ability to adhere to the original plan reflects the effort expended to reach substantive agreement and commitment among the shelter and substance abuse treatment providers prior to project start-up. Forty beds at four sites provide clients with the opportunity to stabilize and build on their sobriety prior to placement in recovery homes and, ultimately a return to the community.

As of March 31, 1989, 298 clients had been screened and 268 accepted for placement in one of the Stabilization sites. Approximately half (46%) of all clients accepted into stabilization completed their stay successfully and were placed in a recovery home as their next step along the recovery continuum. The mean length of stay across sites among those completing the program was 37 days. Considering the nature of the client population and the high probability for relapse in the days following detoxification, the finding that almost half of the clients were able to sustain their sobriety for this length of time and to move on to recovery homes is encouraging. Moreover, since the average length of stay among dropouts is 9 days, it is clear the even among those who didn't complete the the stabilization program, their involvement was instrumental in maintaining their sobriety for over a week.

Fine tuning of the original design has occurred and further refinements are planned. One of the major structural adjustments has been the expansion of the number of client entry points from four detox centers to five detoxes and one shelter (The Pine Street Inn). An additional detox center, Quincy Detox, has been contacted and is expected to become the seventh client entry point. The addition of these entry points were made to insure high utilization (90%) of Stabilization Service Project beds.

Another planned refinement is the enrichment of programming at the shelter sites to insure the immersion of clients in rehabilitation activities. The plan calls for hiring one program coordinator at the beginning of the second year of funding and an additional coordinator in year three. Each coordinator will share his/her time between two stabilization sites. Their role will be to work closely with the respective site coordinators and leadership to increase the level of involvement of residents/guests in therapeutic programming. The intent will be not only to provide more of the service currently in place but to diversify the nature of programming and to add regular periods of recreational programming.

The program coordinator will also be responsible for describing and quantifying the services received by stabilization Services clients at the four sites. Knowing the nature and frequency of services received by clients during their stay at the Stabilization sites is critical to replication of the demonstration services in other communities.

Program coordinators will spend most of their time at the sites but they will work out of the central office and be directly responsible to the Project Director. They will attend central staff meetings and provide feedback to project leadership and case managers.

Refinement of the evaluation plan to include follow-up of clients who drop out of before 30 days will be initiated in year two and continued in year three. The objective is to describe these clients and determine if they differ from clients who did not drop out, why they dropped out and what happened to them. This study will contribute to the interpretation of client outcome data and highlight elements of programming and policy which may operate to dissuade certain clients from continuing in the program. In effect, dropouts become a minimal treatment comparison group. An additional research assistant will be hired in year two and continued in year three to carry out the follow-up of dropouts.

Overall, the project has become recognized and accepted as a positive addition to the treatment community. This recognition is particularly acute among recovery home providers who were quick to see the value of referred clients who, in addition to having been detoxified, had accumulated 30 to 45 days of continuous sobriety.

MCKINNEY PROGRAM:

VETERANS JOB TRAINING ACT

Purpose: The law reauthorizes the Veterans Job training and amends it by requiring that homeless persons who can't prove residence within service delivery areas still be eligible for services.

<u>Budget Appropriation:</u>	FFY 1987 - 20 Million
	FFY 1988 - \$8.5 Million
	FFY 1989 - \$1.4 Million

<u>Total Amount to Massachusetts:</u>	FFY - 1987 - \$ 33,200
	FFY - 1988 - 100,000
	FFY - 1989 - \$118,000 (10 Months)

\$251,200

Eligible Applicants: States

Massachusetts Funded Projects:

Veterans:

The Governor's Outreach and Assistance Program of the Homeless Veteran's Reintegration Project (HVRP) has utilized its Title VII McKinney funding to:

Assessment of approximately 2000 homeless veterans
Placed over 600 veterans into jobs
Placed over 600 veterans into housing.

Massachusetts Lead Agency and Contact Person:

Brian Matchett
Office of Commission of Veteran's Service
727-5944

Federal Agency & Contact Person:

Kelly Blackwell
US Department of Labor
(202) 523-2752



MICHAEL S. DUKAKIS
GOVERNOR

JOHN HALACHIS
COMMISSIONER

The Commonwealth of Massachusetts

Executive Office of Human Services

Office of Commissioner of Veterans' Services

Leverett Saltonstall Building, Government Center

100 Cambridge Street, Boston 02202

To: Irene Lee
E.O.H.S.

From: Brian K. Matchett
O.C.V.S.

Subject: CHAP Progress Report

April 25, 1989

Dear Irene,

In the last 28 months The Governor's Outreach and Assistance Program for Homeless Veterans Reintegration Project (HVRP) through O.C.V.S. with Title VI McKinney funding has assessed and aligned close to 2000 homeless veterans into a multitude of reciprocal service delivery areas including 600 + into jobs, and 600+ into housing. In 1987 and 1988 through July 30, 1988 OCVS was awarded a total of \$100,000.00 for one year through July 30, 1989. Effective August 1, 1989, after spending one week in April, 1989 in Denver, Colorado negotiating with the D.O.L., H.V.R.P. of Boston was awarded an 18% increase for a total of \$ 118,000.00, which I am going to target for only a 10 month period with subsequent funding immediately following. This will give me the opportunity to provide more staff and target specific critical times such as the winter cold months for outreach. Out of the 17 grant recipients, HVRP of Boston was awarded the largest increase with some grantees actually reduced. New York City received for example only a 5% increase. I have been identified as the grant recipient for OCVS as Commissioner Halachis's designated representative working with Mr. Charles Callahan, Director of Special Programs and all Outreach Centers (12). If you need additional information and have questions, my office number at OCVS is 727-5944.

Sincerely yours,

B K. Matchett
Brian K. Matchett

cc; file

MCKINNEY PROGRAM:

JOB TRAINING FOR THE HOMELESS

Purpose: The act authorizes the Secretary of Labor to make grants to state and local public agencies, private non-profit organizations, private businesses and other appropriate entities for the purpose of establishing a job training demonstration project for the homeless.

Budget Appropriation: There is not a specific funding authorization or appropriation for this program for FFY 1987.

FFY 1988 - \$8.5 Million
FFY 1989 - \$6.8 Million

Total Amount to Massachusetts: Applications submitted -
notification date:
September 1988.

Springfield Massachusetts Career Development Institute	\$140,051
Boston Indian Council	\$100,000
TOTAL	\$240,051

Massachusetts Lead Agency and Contact Person:

Nancy Roberts
Department of Public Welfare
Employment and Training
574-0258

Federal Agency & Contact Person:

John Heinberg
US Department of Labor
(202) 535-0682

Note: Job Training for the Homeless is sharing a budget with Veteran's Provisions. The federal share for each funded project must be a minimum of 30% of the total cost and no more than 90% of the total cost.

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

Job Training for the Homeless

**Anthony M. Mole, Administrator
Massachusetts Career Development Institute
140 Wilbraham Avenue
Springfield, MA 01109
(413) 781-5640**

Project Description

The Massachusetts Career Development Institute (MCDI) Job Training for the Homeless project will provide on-site outreach, assessment, personal and career counseling, motivational workshops and initial pre-vocational services. These services, coupled with strong support services, will expand current pre-vocational and occupational training programs for homeless men and women in Springfield. This program will be coordinated through the Unified Shelter program operated by the Friends of the Homeless. Intake, information and data collection, social service coordination, referral, assessment, counseling, educational/literacy services, transportation, and motivational components will be provided by the Unified Shelter program. Job-ready homeless participants will be served by the DES Placement Unit, co-located at MCDI in Springfield. MCDI will provide pre-vocational, literacy, counseling, and motivational services while aiding the participant with occupational skills training, job development, job placement and follow-up. MCDI, through its various Private Sector Advisory Boards, has developed linkages throughout the private and public sectors in Hampden County. These established linkages will provide a unique and responsive service delivery system to project participants.

Population Served and Expected Outcomes

The MCDI project will serve homeless men and women from the city of Springfield. Fifty participants will be served through unsubsidized employment, and another 60% will be placed in employment with wage rates sufficient to ensure separation from subsidy and homelessness. Additional goals are to demonstrate a coordinated and effective method of providing literacy, basic education and skills training; and to develop new linkages within the social service delivery system.

Evaluation Design

The project will be monitored and evaluated as required. Reports will cover overall project strengths and weaknesses and provide on going recommendations for modification. All instructional, counseling and support staff will maintain accurate records of each participant's progress on a weekly basis and will submit and discuss these reports with the Program Coordinator bi-weekly. The final evaluation report will incorporate all data and information in order to demonstrate successful job training models for possible replication.

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE STEWART B. MCKINNEY
HOMELESS TRAINING DEMONSTRATION PROGRAM

I. PROGRAM PROGRESS TO DATE:

Quarter	Entered	Active	Terminated	Cum. Term.	Placed	Cum. Placed	Expenditure:
1) 9/23-12/23	6	6	0	0	0	0	
2) 12/23-3/23	17	19	4	4	0	0	
TOTALS TO DATE:	23	19	4	4	0	0	

II. SIGNIFICANT SEGMENT DATA: TOTAL PROGRAM PARTICIPANTS 23

o Sex

Male	19	83%
Female	4	17%

o Race

White	10	43%
Black	8	35%
Hispanic	5	22%

o Age

21 and under	3	13%
22 - 40	16	70%
41 and over	4	17%

o Training Program

Machine Technology	6	26%
Sheet Metal/Welding	4	17%
Electronics Assembly	6	26%
Food Service	2	9%
Clerical	2	9%
Tool & Die	1	4.3%
E. S. L.	1	4.3%
Nursing Assistant	1	4.3%

o Grade Completed

Less than 9th grade	3	13%
9 - 11th grade	5	22%
GED	3	13%
H.School Graduate	7	30%
Post High School	5	22%

o Grade Levels (TABE Scores)

0.0 - 5.0	5	22%
5.1 - 8.0	8	35%
8.1 - 10.0	3	13%
10.1 - 12.9	7	30%

o Enrollment in Basic Education Programs

Enrolled in ABE,ESL,GED	15	65%
Enrolled in straight occupational training	8	35%

o Agency/Shelter Referred From

Loaves and Fishes	7	30%
Open Door	3	13%
Worthington House	2	9%
City Shelter	2	9%
Client referral	0	0%
Bliss Street Mission	4	17%
Cummings Memorial Mission	1	4%
Salvation Army	2	9%
SERI	1	4%
Jefferson Street Shelter	1	4%

III. SIGNIFICANT SEGMENT DATA: ACTIVE PARTICIPANTS 19

o Sex

Male	16	84%
Female	3	16%

o Race

White	9	48%
Black	5	26%
Hispanic	5	26%

o Age

21 and under	3	16%
22 - 40	12	63%
41 and over	4	21%

o Grade Levels (TABE Scores)

0.0 - 5.0	5	26%
5.1 - 8.0	5	26%
8.1 - 10.0	3	16%
10.1 - 12.9	6	32%

o Enrollment in Basic Education Programs

Enrolled in ABE, ESL, GED	10	53%
Upgraded from ABE, ESL, GED to full time occ- upational training	2	11%
Enrolled in straight occ- upational training	7	36%

o Training Program

Machine Technology	5	26%
Sheet Metal/Welding	4	22%
Electronics Assembly	5	26%
Food Service	2	11%
Clerical	1	5%
Tool & Die	1	5%
Nursing Assistant	1	5%
E.S.L.	1	5%

o Grade Completed

Less than 9th grade	3	16%
9th - 11th grade	3	16%
GED	3	16%
High School Graduate	5	26%
Post High School	5	26%

MCKINNEY PROGRAM:

SURPLUS PROPERTY FOR USE AS FACILITIES TO ASSIST THE HOMELESS

PURPOSE: Federal agencies are required to survey their unutilized or underutilized properties and determine which are "excess". HUD will then determine whether the "excess" properties are suitable for use as facilities for the homeless. Excess facilities may then be made available to public and private non-profit organizations for use as homeless facilities under lease or permit.

Budget Appropriation: Not applicable; in-kind assistance only.

Massachusetts Facilities: See next page.

Massachusetts Lead Agency and Contact Person:

Ken Itzkowitz
Executive Office of Human Services
(617) 727-8036

Federal Agency and Contact Person:

Morris Bourne
Chief Transitional Housing Program Staff
Dept. of Housing and Urban Development
(202) 755-9075 or 755-1520

FEDERAL GOVERNMENT SURPLUS BUILDINGS UNDER THE MCKINNEY ACT

<u>BUILDING</u>	<u>LOCATION</u>	<u>STATUS</u>
1-G-MA-785	WATERTOWN DEPOT	PINE ST & POSITIVE LIFE APPLYING
G-MA-788	WALTHAM FEDERAL CENTER	EOHS VISITING FACILITY ON MARCH 22 TO DETERMINE STATUS
VA OUTPATIENT CLINIC	17 COURT ST BOSTON	EOHS VISITING FACILITY WITH POSITIVE LIFESTYLES ON MARCH 28 TO DETERMINE STATUS
BUFFUMVILLE DAM FLOOD CONTROL	CHARLTON	MAILED INFO TO KATHY HASAGAWA WORCESTER COMM. ON HOMELESSNESS
CONANT BROOK DAM FLOOD CONTROL	MONSON	MAILED INFO TO LOIS STEIN SPRINGFIELD COALITION ON HOMELESSNESS
FORT DEVENS BUILDINGS	FT. DEVENS	MAILED INFO TO KATHY MCDERMOTT MONTACHUSETT OPPORTUNITY COUNCIL
2-D-MA-716P WESTOVER COMMUNICATION TRANSMIT FACILITY	GRANBY	SENT INFO TO GERRY BILIK OF VALLEY OPP. COUNCIL AND ANN HOUSTON OF MAIN ST. SHELTER

<u>BUILDING</u>	<u>LOCATION</u>	<u>STATUS</u>
1-D-MA-716 WESTOVER AIR FORCE BASE	CHICOPEE	SENT INFO TO GERRY BILIK AND ANN HOUSTON OF VALLEY OPPORT. COUNCIL
PORTION HODGES VILLAGE DAM FLOOD CONTROL	OXFORD	SENT INFO TO KATHY HASEGAWA OF WORCESTER COMMITTEE ON HOMELESSNESS

CONCLUSION:

There have been important new changes in the Emergency Shelter Grants Program include amendments that simplify administration by allowing states to contract directly with nonprofit organizations if the local government certifies its approval of the project. Other changes that are equally positive include:

- o The use of ESG funds for homeless prevention services.
- o Raising the essential services limit from 15 to 20%.

Exchange of CHAPS between the state and each metropolitan city and urban county has resulted in better coordination of services and valuable informational resource.

Waiving the 8-unit limit on Permanent Housing for the Handicapped, loosening the requirements for site control in the initial application, and the changes in the match requirements are also major improvements.

It is important to acknowledge that the Congress has been responsive to state's and local concerns, and the communication has been open and effective.

FURTHER RECOMMENDATIONS:

- o In addition to the exchange of CHAPS, it would be helpful to exchange the Progress Reports as well. This would enable the states and the cities to share information about the status of particular projects and learn from eachother's experience.
- o Future guidelines for all segments of funding should include a greater emphasis on prevention - including support services to maintain families in housing before they become homeless.
- o In the Emergency Shelter Grants Program new construction, land acquisition and shelter staff costs should become eligible activities.
- o Although match requirements an general were eased and simplified and operating costs of permanent housing were made an eligible activity, the mental health services program remains an ineligible match for permanent housing for the handicapped. This should be changed.

- o Target funding specifically to assist small towns and cities in developing small shelters in their communities. This will counteract the movement of people towards large urban centers to find shelter, and the subsequent tendency to develop large anomic shelters.

Since the McKinney Act involves seven different federal agencies, multiple funding streams and eligible grant recipients, effective statewide coordination is essential.

Although Massachusetts has established an interagency coordinating council composed of all the state agencies responsible for administering the funds, a greater level of coordination would be achieved if there was a 5% setaside for state administrative expenses. Currently there are no funds under the McKinney Act for administration.

Some of the complex time frames and competitive elements of many segments of the act should be examined for further simplification.

Massachusetts has played the major role in developing a comprehensive plan and a continuum of services for homeless individuals and families. The McKinney funding has made an enormous difference in supplementing programs that the state has already identified in its comprehensive plan. Therefore, it would be helpful for Massachusetts, as the major leader in development of homeless programs, to maintain maximum flexibility in channeling future McKinney funding.

APPENDIX II

The Cost-Effectiveness of the Medical Respite Unit

Boston Health Care for the Homeless Project and the Lemuel Shattuck Hospital Shelter

An extensive review of the Medical Respite Unit of the Boston Health Care for the Homeless Program and the Lemuel Shattuck Shelter was undertaken in the Spring of 1988. This program provides respite care for homeless individuals who are too ill to be walking the streets each day but who do not necessarily require admission to acute or chronic hospitals. The 20-bed unit has provided comprehensive medical, nursing, social, and psychiatric care for a transient population which has often been unable or reluctant to comply with prolonged treatment plans. The success of the Respite Unit has been dramatic, with over 450 admissions since services began in the fall of 1985, with an average stay of more than two weeks. The Health Care for the Homeless team, composed of a physician, nurse practitioner, social worker, and three aides, has worked with the Shattuck Shelter staff of a licensed practical nurse, psychiatric nurse, physician assistants, social workers, coordinators, expressive and occupational therapists, and alcoholism counselors to create an extensive multiservice program available to all Medical Respite Unit patients. One quarter of all patients admitted to the Medical Respite Unit have secured stable permanent or transitional housing.

The Boston Health Care for the Homeless Program has been a model of health care delivery to a homeless population. A primary concern has been an emphasis on the cost-effectiveness of such services, and whether or not the Medical Respite Unit actually reduces the expenditure of health care dollars. To address this issue, 30 names were randomly selected from those Respite patients who had been referred by Boston City Hospital. The medical records of 14 of these patients were available for comprehensive review by the two HealthLink physicians. Each physician estimated the minimum number of either acute or chronic hospital days which each patient would have required had the Medical Respite Program not been available. In most situations, both reviewers had similar estimates; wherever there was a discrepancy, the lower number was chosen. The results for these 14 patients are listed below, as well as the estimated cost savings per patient admitted to the Medical Respite Unit upon discharge from an acute care hospitalization.

DX-	Hospital Days	Estimated Days		Notes
		ACUTE	CHRONIC	
LP chronic adenitis suppurativa	57, then home x 6, readmitted x 8 days		32	Needed dsg chges TID
WA pneumonia hemoptysis	11 days	10		Coagulopathy needed resol'n prior to bronk
WO frostbite, chronic osteo, 4 day surgeries	60 days	8	262	OT BID TID dsg chges of both hands
FO hep B/IVDA	0 days	3		severe N/V
WC trilobar pneumonia COPD, s/p SEMI, R CVA	23 days	4	7	Respite x 2 mnths, then placed in nursing home
LK RHD, s/p MVR x 2, sacral decub			150	QID dsgs
LG R ankle osteo	7 days	8		IV Abx QID Wound care Had been read- mitted to BCH p failed plan at PSI

PC	LLE cellulitis DM, SZ, EtOH	21 days	7	42	New DM whirlpools QD
PG	R ant tib cellulitis	3 days	7		Detoxed G + stool, has BAE & colonoscopy at LSH
HF	R THR	15 days		30	PT x 3 weeks NWB x one mnth
MR	suppurative tenosynovitis	22 days		42	BID dsg chgs
JS	PUD/cirrhosis EtOH WD, anemia	4 days	4		
TT	SDH, s/p R craniotomy SZ disorder, pneumonia	21 days	7		Left Respite p 12 days, drank, went to MCIB
AH	Hep B	0 days	6		Orthostasis with diarrhea

	Acute	Chronic
Totals	64	565

TOTAL DAYS SAVED: (14 Patients)	ACUTE	CHRONIC
------------------------------------	-------	---------

64

565

Acute	\$440/day	X	64	-	28,160
Chronic	330/day	X	565	-	186,450

\$214,610

Respite Costs	50/day	X	629	-	31,450
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Costs Saved/14 Patients referred to Respite from acute hospitals	\$183,160
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Costs Saved/Patient	\$ 13,083
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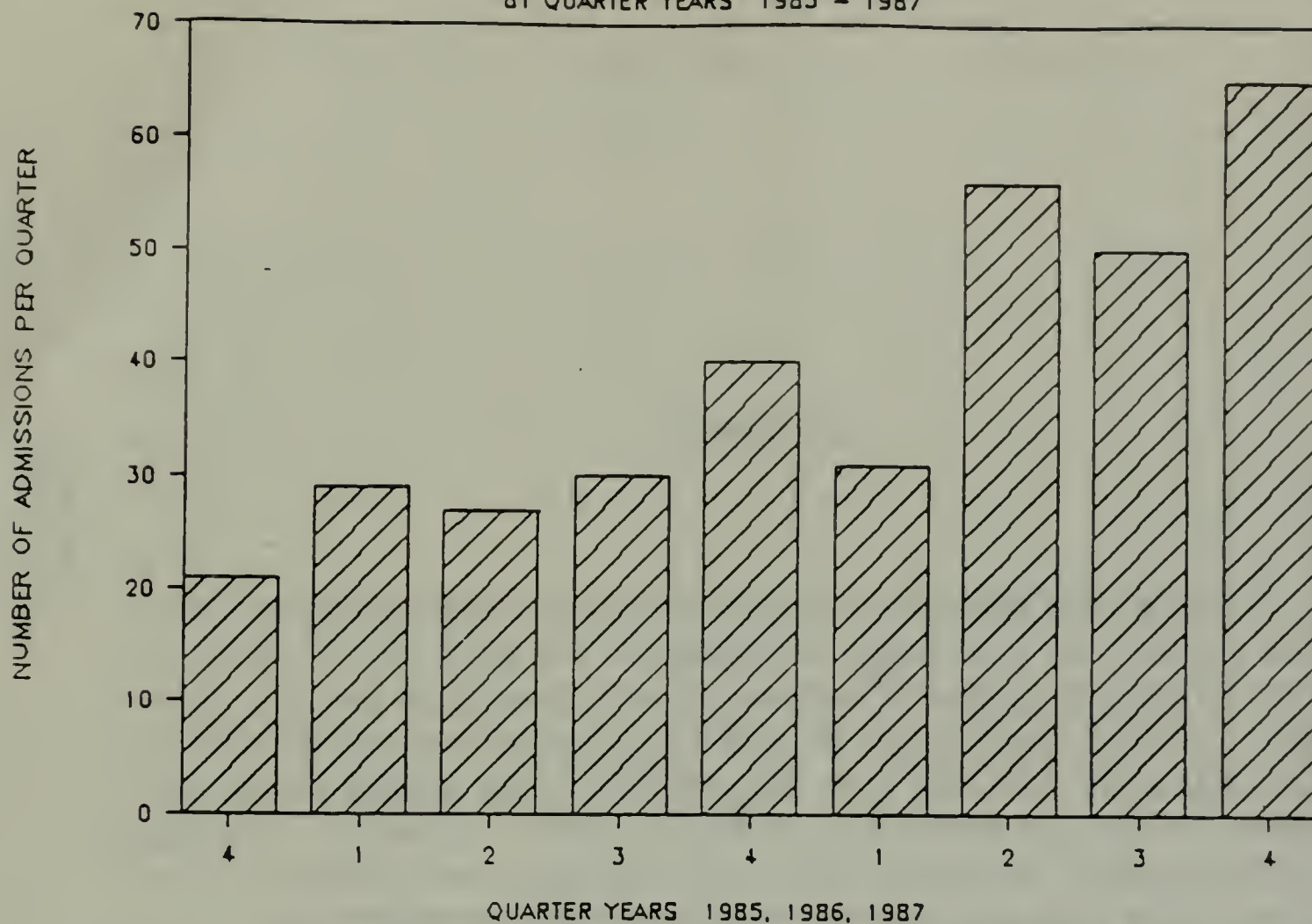
EXTRAPOLATIONS

Total Number of Patients Referred from Hospitals from 1/87 through 3/88	- 157
Total Savings (157 x \$13.083) for 15 months	- \$2,054,008
Total Savings per Year (.8 x \$2,054,008)	- \$1,643,207

MEDICAL RESPITE ADMISSIONS

BY QUARTER YEARS 1985 - 1987

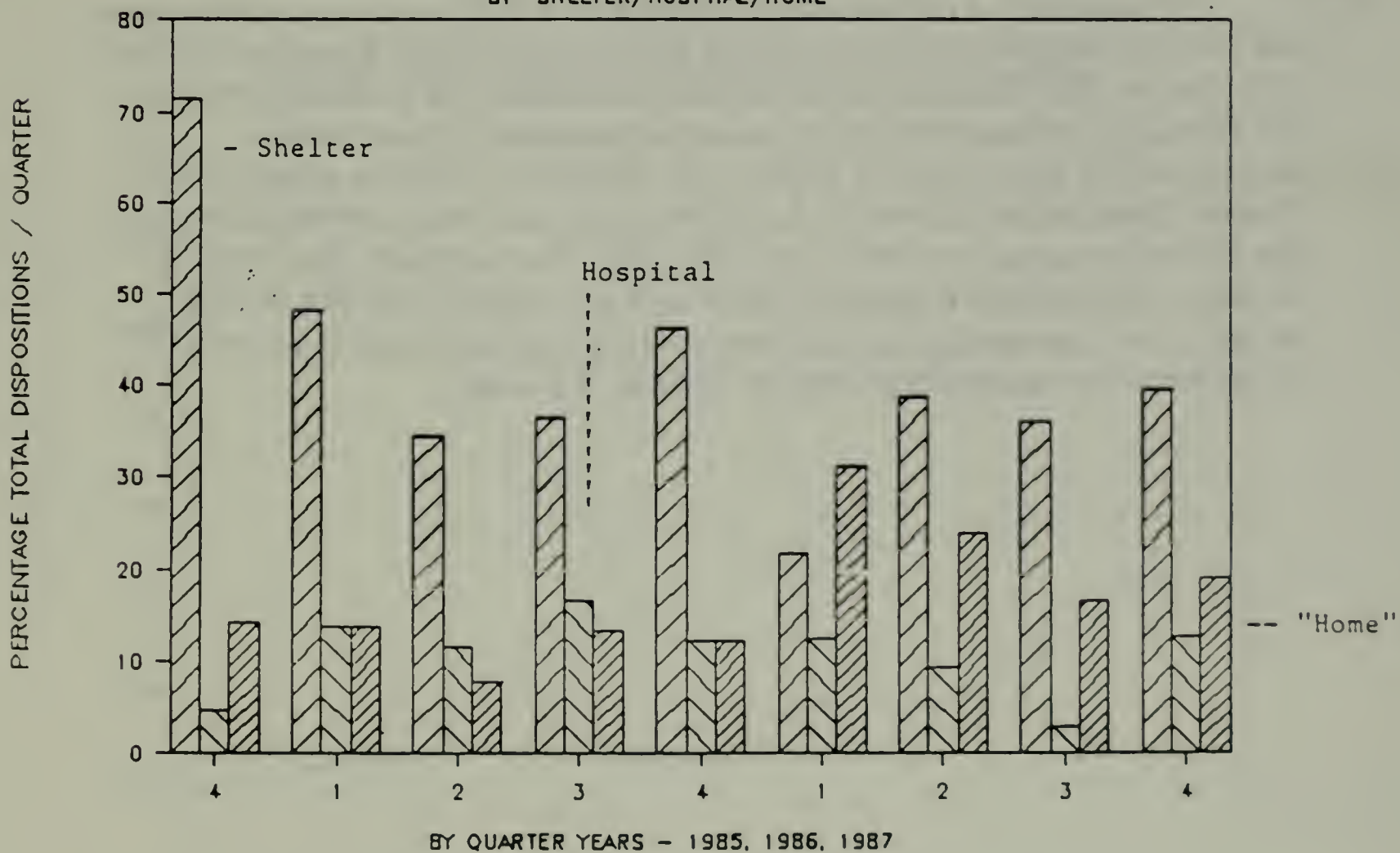
TABLE IV(a)



MEDICAL RESPITE PATIENT DISPOSITIONS

BY "SHELTER/HOSPITAL/HOME"

TABLE IV (b)



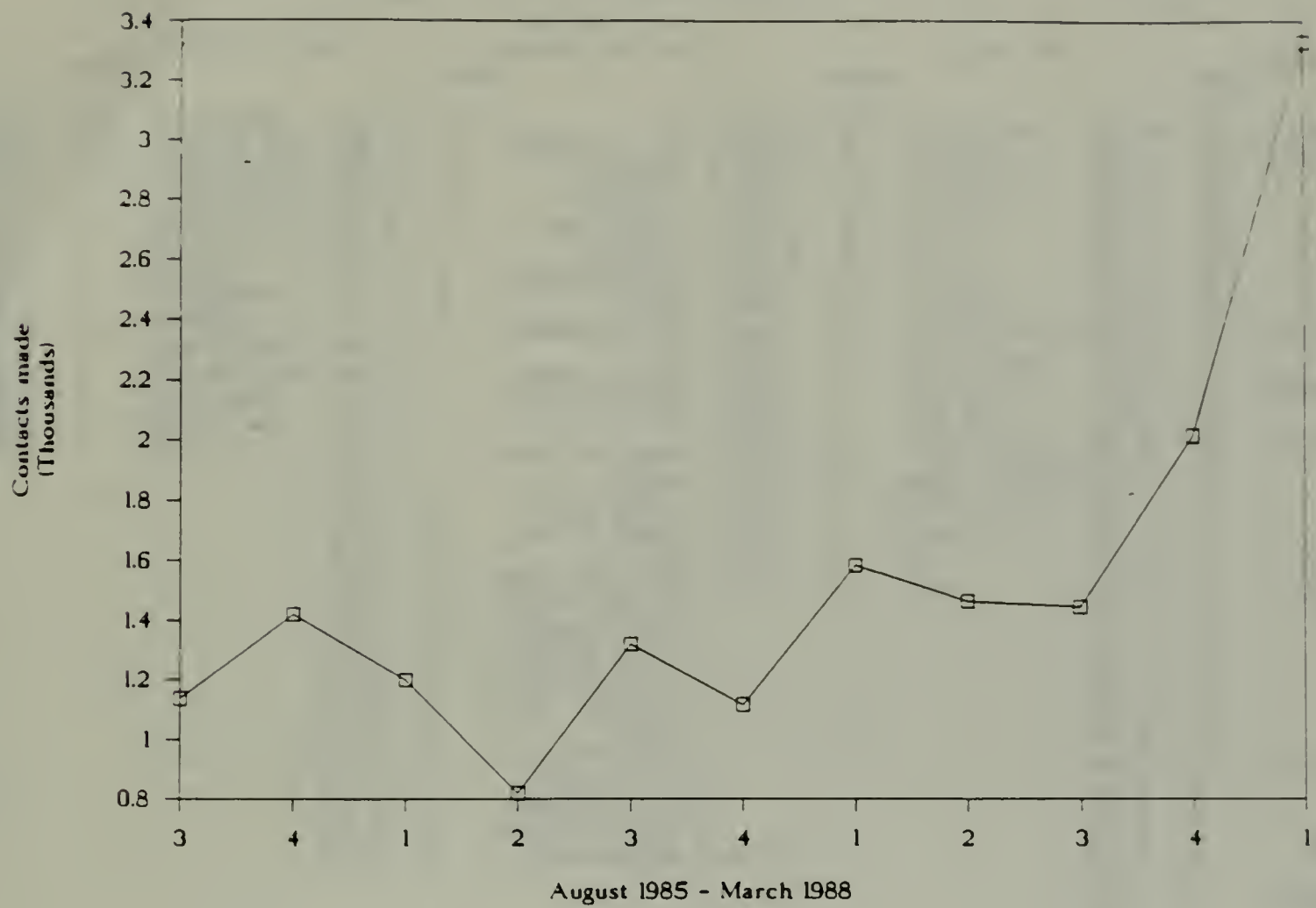
Conclusion

Thus we have seen that the costs saved per patient referred to the Medical Respite Unit from acute care hospitals has been over \$13,000. As the Respite Unit admitted 157 patients referred from local hospitals from January 1, 1987 through March 31, 1988 (15 months), this extrapolates to a total savings of **\$2,054,008** over that period. To put it more simply, the estimated savings per year would be **\$1,643,207**. It should be emphasized that this represents an estimated savings only for those patients referred from acute care hospitals, and does not include any savings which undoubtedly occurred with the 83 other patients referred from shelters and other agencies during that 15-month period.

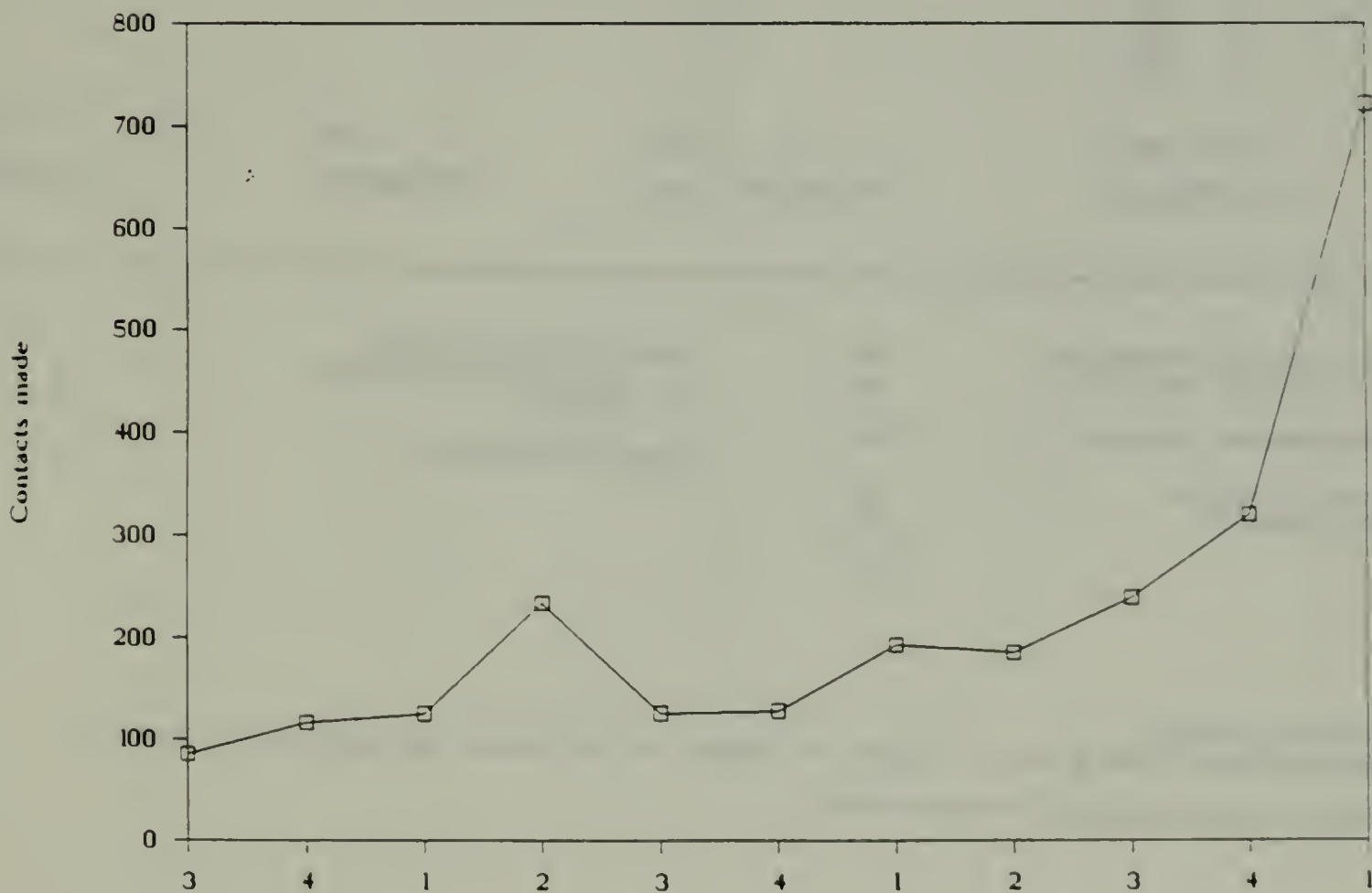
In summary, a review of the hospital charts of 14 patients referred to the Medical Respite Unit of the Boston Health Care for the Homeless Program from Boston City Hospital indicates that respite care for homeless persons substantially reduces the costs of acute and chronic hospitalization. Extrapolations show that the yearly cost savings for this one aspect of the Medical Respite Unit is over \$1.6 million, while the total operating costs for the 20-bed program are less than \$250,000. Furthermore, this program affords comprehensive medical, social, and psychiatric care in a setting which is not threatening to homeless persons and yet which is thoroughly integrated into the existing medical system of Boston.

HEALTH CARE FOR THE HOMELESS

Graph 1a: Adult Services by Quarter



Graph 1b: Family Services by Quarter



HEALTH CARE FOR THE HOMELESS

Table 2: Medical and Social Problems in descending frequency of occurrence.*

ADULT				PROBLEMS PRESENTED				FAMILY			
MEDICAL PROBLEM		SOC. PROB.		MEDICAL PROBLEM		SOCIAL PROBLEM					
NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%				
PSYCH ILLNESS	275 10.73%	SUPPORTIVE	412 56.28%	URI	36 18.85%	SUPPORTIVE	164 52.40%				
BRONC/PNEUMONIA	185 7.22%	SS-32/GR	93 12.70%	HEALTH ASSESSMT	34 17.80%	SCHL PROBLEM	42 13.42%				
SS-32/GR	158 6.16%	HOUSING	58 7.92%	PREGNANCY	10 5.24%	PSY/SOC ASSMT	20 6.39%				
TRAUMA	153 5.97%	PSYCH REF	31 4.23%	VARICELLA	10 5.24%	DSS CONCERNS	14 4.47%				
URI	142 5.54%	SSI	26 3.55%	INFESTATIONS	10 5.24%	PAREN CONCNS	10 3.19%				
ALCOHOLISM	132 5.15%	DETOX	24 3.28%	DIARRHEA	9 4.71%	SHL/HTL SPACE	8 2.56%				
HTN	105 4.10%	CONSULT	17 2.32%	DERMATOLOGICAL	8 4.19%	HOUSING	7 2.24%				
OTHER DERM	100 3.90%	MEDICAID	13 1.78%	TRAUMA	8 4.19%	NO BENEFITS	2 0.64%				
MUSC/SKEL PAIN	81 3.16%	PSY/SOC ASSMT	12 1.64%	BRONC/PNEUMONIA	8 4.19%	LEGL CONCERNS	2 0.64%				
SEIZURES	71 2.77%	MEDICATION	12 1.64%	O/M	7 3.66%	PROBS W/BENS	1 0.32%				
CARDIO-VASCULAR	68 2.65%	TRANSPORT	6 0.82%	PSYCH ILLNESS	7 3.66%	APP'D FOR BEN	1 0.32%				
COPD	67 2.61%	OTHER REF	6 0.82%	HEALTH COUNS'G	4 2.09%	NEEDS FOOD	0 0.00%				
PUD/GASTRITIS	56 2.18%	ELDER REF	5 0.68%	HTN	4 2.09%	DSS WORKER	0 0.00%				
GI	55 2.15%	REF LEGL SRV	5 0.68%	DRUG/ETOH ABUSE	4 2.09%	CHD FOS CARE	0 0.00%				
IVDA	51 1.99%	DISCH PLAN	4 0.55%	ANEMIA	4 2.09%						
DM	44 1.72%	FOOD STAMPS	3 0.41%	IMMUNE DELAY	3 1.57%						
PHARYNGITIS	41 1.60%	SSDI	2 0.27%	SEXUAL ASSAULT	3 1.57%						
GYNECOLOGIC	41 1.60%	VA	2 0.27%	GYN	3 1.57%						
SINUS/OTITIS	41 1.60%	AFDC	1 0.14%	NUTRITION PROBS	2 1.05%						
DERMATITIS	38 1.48%			CONJUNCTIVITIS	2 1.05%						
CELLULITS	38 1.48%			ATOPIC DERMATIT	2 1.05%						
ASTHMA	37 1.44%			DENTAL DISEASE	2 1.05%						
GU	25 0.98%			GASTROENTERITIS	1 0.52%						
CANCER	25 0.98%			DEVELPMNT DELAY	1 0.52%						
PPD POS	23 0.90%			ASTHMA	1 0.52%						
CORON ART DIS	22 0.86%			CONSTIPATION	0 0.00%						
DJD	19 0.74%			GEN INFECTION	0 0.00%						
SURGICAL	19 0.74%			H FLU DISEASE	0 0.00%						
INFESTATION	18 0.70%			GROWTH PROBLEMS	0 0.00%						
WELL P E	16 0.62%			MENINGITIS	0 0.00%						
CONJUNCTIVITIS	15 0.59%										
HIV INFECTION	15 0.59%										
UTI	15 0.59%										
AIDS	14 0.55%										
HEPATITIS	13 0.51%										
CHRONIC DISEASE	12 0.47%										
CHF	12 0.47%										
WT LOSS	10 0.39%										
ABD PAIN	8 0.31%										
INFECTIOUS DIS	7 0.27%										
TB	3 0.12%										
PPD NEG	2 0.08%										
OTHER	292 11.39%			OTHER	8 4.19%	OTHER	42 13.42%				
TOTALS	2564 100.00%		732 100.00%	TOTALS	191 100.00%		313 100.00%				

**TOTAL ADULT PROBLEMS PRESENTED: 3296
 TOTAL FAMILY PROBLEMS PRESENTED: 504

 TOTAL NUMBER PROBLEMS RECORDED: 3800

 ***TOTAL ADULT CONTACTS: 3332
 TOTAL FAMILY CONTACTS: 722

 4054

NUMBER OF HOSPITAL ROUNDS
 PERFORMED (111 Patients) 214
 CASE REVIEWS 69

 CONSULTATIVE SERVICES: 283

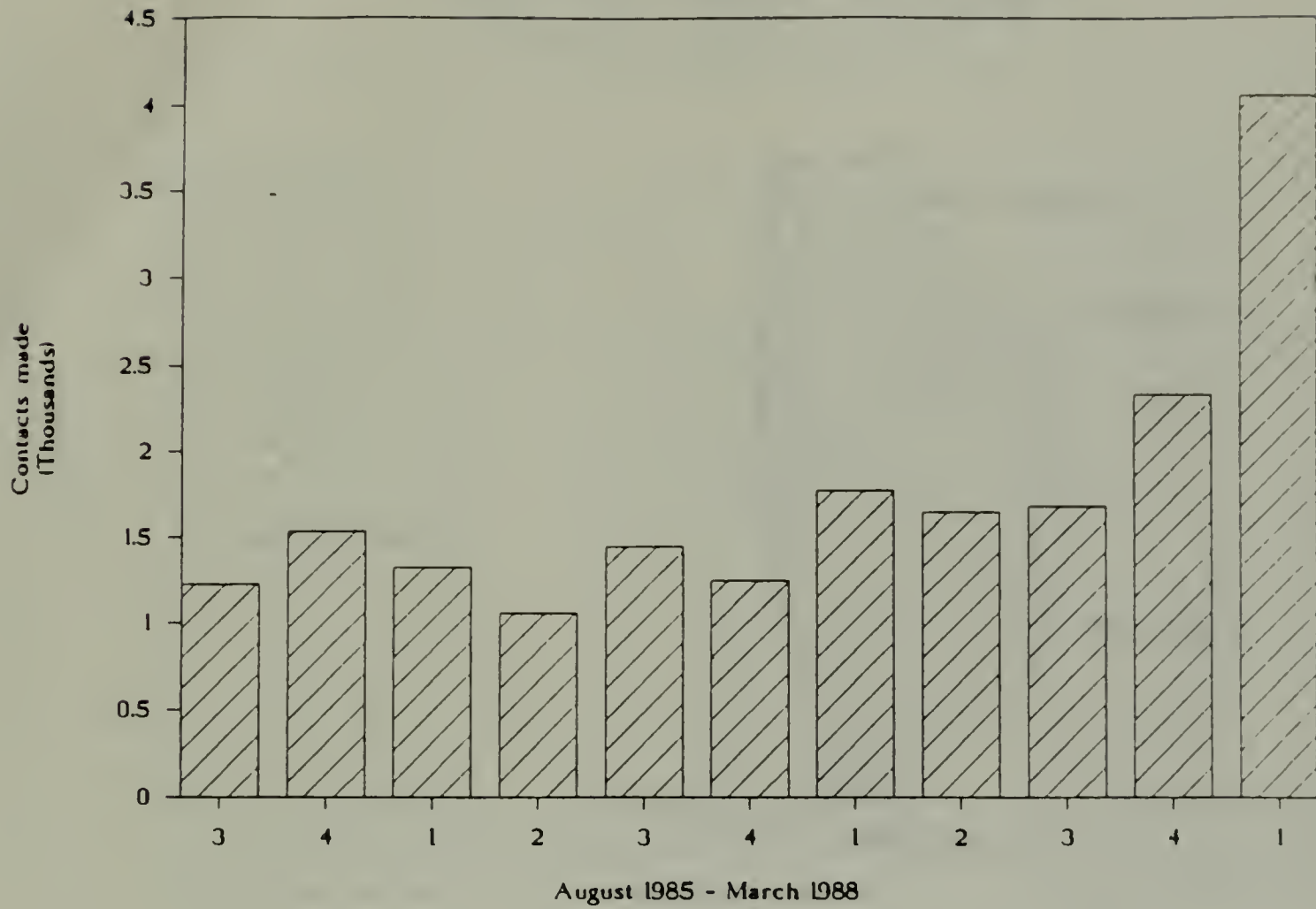
* Includes referrals for benefits.

** Number of problems presented should not match number of contacts, as each contact may generate more than one problem record.

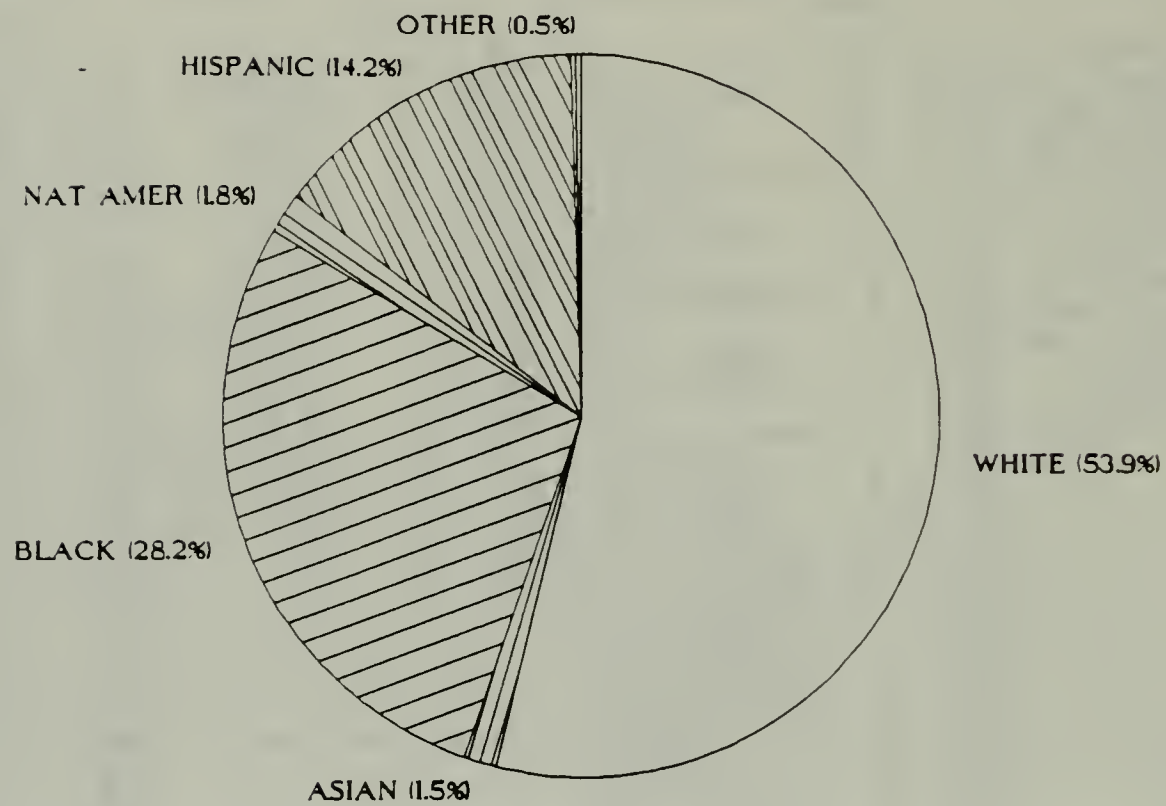
*** Includes number of patients admitted to Respite (58)

HEALTH CARE FOR THE HOMELESS

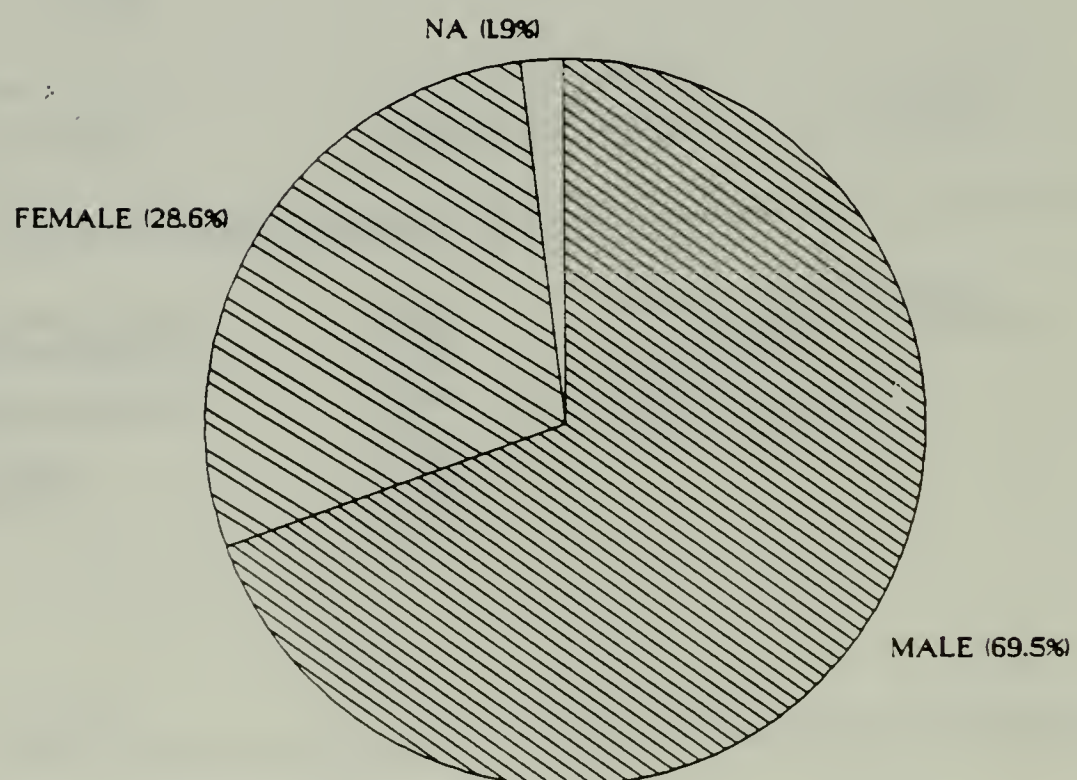
Graph 1c: All Services by Quarter



Graph 3b: Distribution of Ethnicity



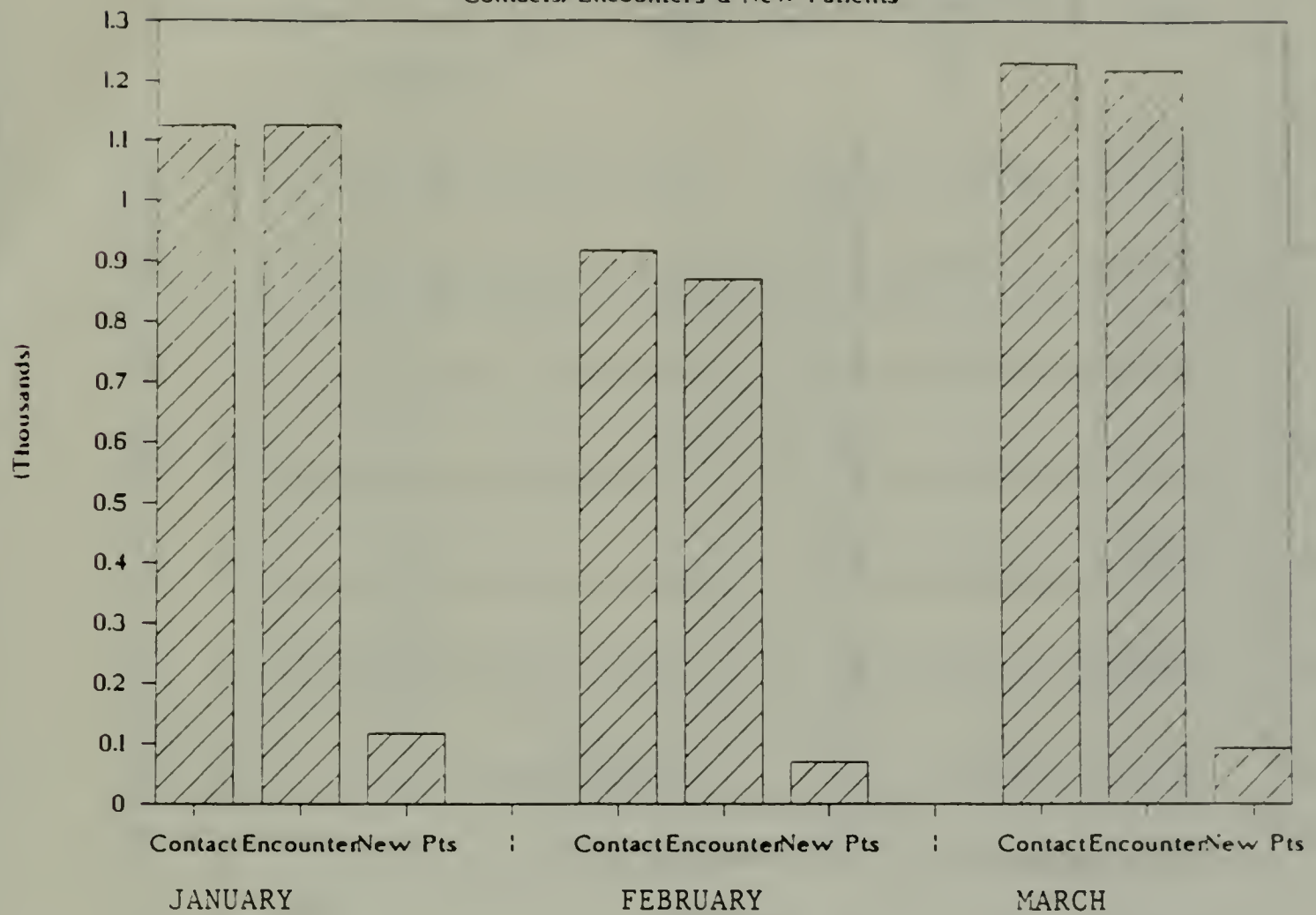
Graph 3c: Distribution of Sex



HEALTH CARE FOR THE HOMELESS

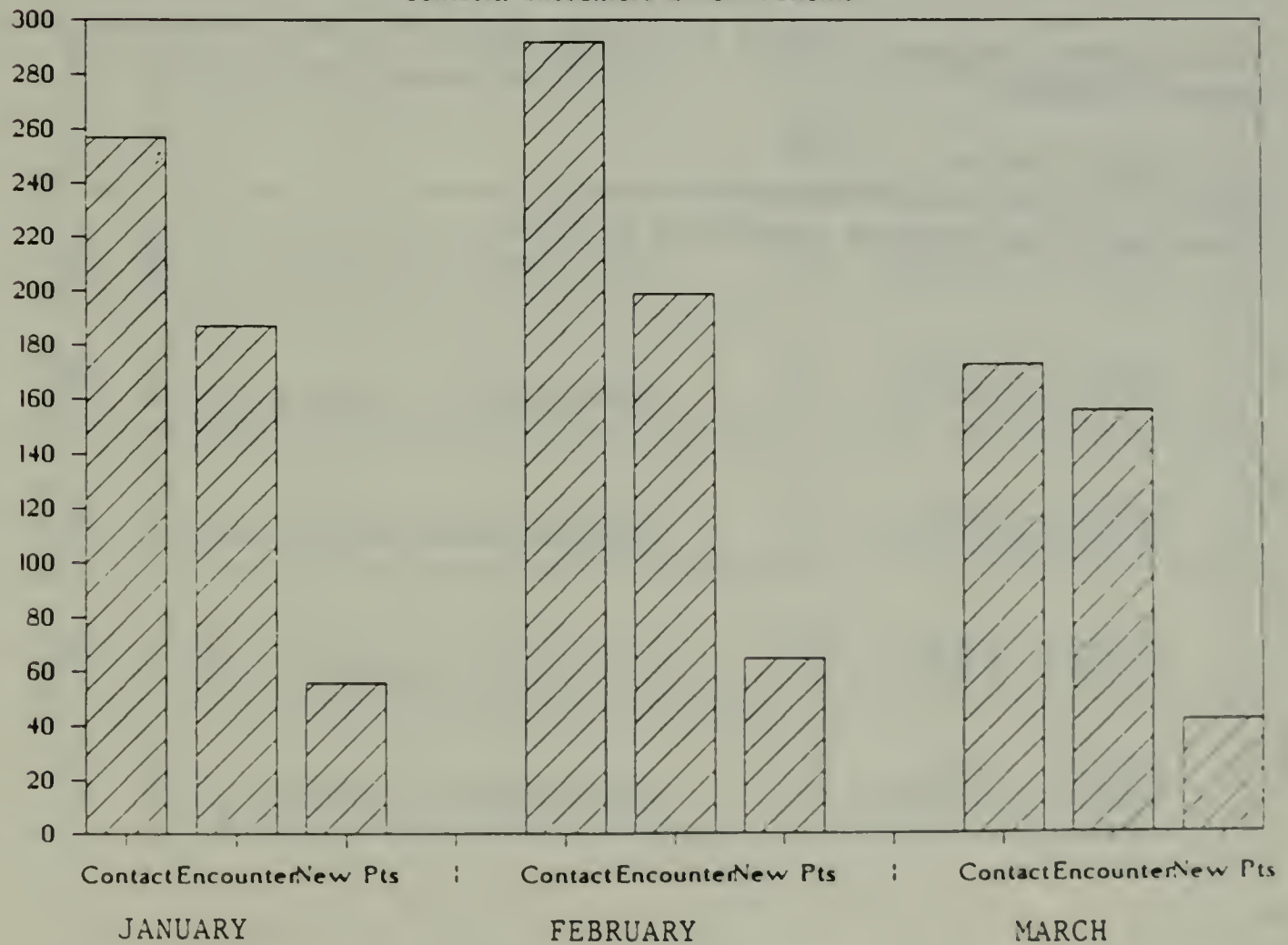
Graph 4a: Adult Services

Contacts, Encounters & New Patients



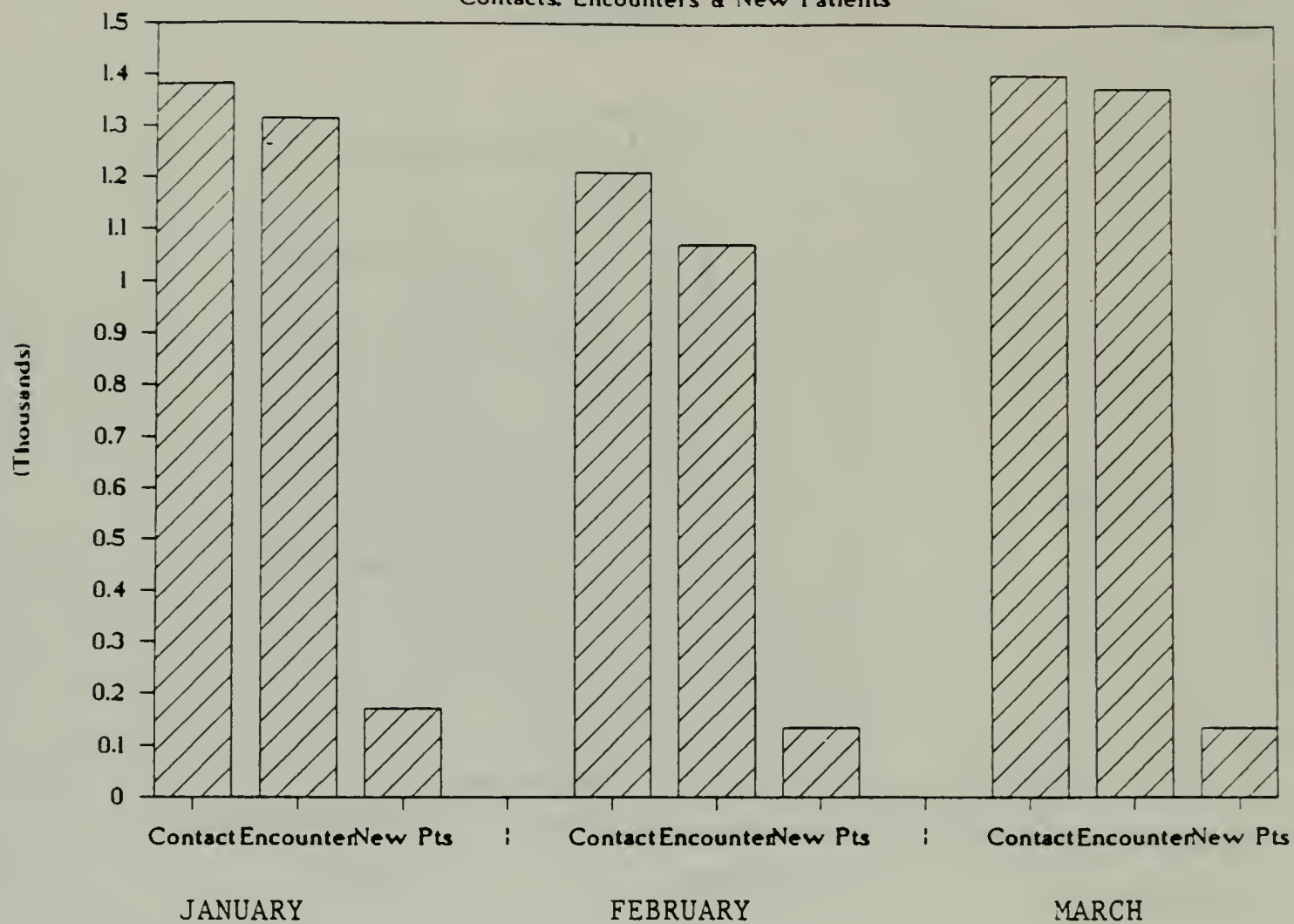
Graph 4b: Family Services

Contacts, Encounters & New Patients



Graph 4c: All Services

Contacts, Encounters & New Patients

UPDATE:

In the period between January 1 through March 30 1989, these are the updated numbers:

Individuals served - 1,569

Number of clinical encounters - 2,415

Number of total service providers - 4,041

HEALTH CARE FOR THE HOMELESS

Table 1: Activity by site, contacts, quarter and year.

August 1985 - March 1988																			
		1985				1986				1987				1988					
ADULT		SITE	3	4	1	2	3	4	1	2	3	4	1	2	3	4	TOTALS		
FAMILY	Long Island Shelter		440	288	108	29	268	245	257	208	190	189	309	728	650	844	309	2531	
	Pine Street Inn		269	244	279	163	215	208	358	335	284	365	710	513	865	1342	710	3430	
	BCN Primary Care		104	207	218	190	312	236	292	274	251	344	439	311	956	1161	439	2867	
	BCN Rounds		0	0	0	0	75	114	134	173	167	259	260	0	189	733	260	1182	
	Women's Lunch Place		0	0	17	11	21	23	71	24	19	13	32	0	72	127	32	231	
	Trinity Church		0	0	32	25	8	8	6	67	0	0	0	0	73	73	0	146	
	Parker Street Shelter		38	37	31	52	48	24	29	20	35	23	103	75	155	107	103	440	
	St. Francis House		140	317	240	168	156	131	197	208	300	472	886	457	695	1177	886	3215	
	Shattuck Shelter		137	291	201	78	114	87	207	96	147	275	531	428	480	725	531	2164	
	Lemuel Shattuck Hospital		9	16	44	76	71	0	0	0	0	0	0	0	191	0	0	216	
	Medical Respite		1	20	29	27	30	40	31	56	50	65	58	21	126	202	58	407	
	Family House		0	0	0	0	0	0	0	0	0	5	4	0	0	0	4	4	
	QUARTER TOTALS		1138	1420	1199	819	1318	1116	1582	1461	1443	2010	3332	2558	4452	6491	3332	16833	
	FAMILY																		
	Agnes B. Owens Shelter		50	24	7	5	22	15	16	0	21	61	72	74	49	98	72	293	
	Boston Family Shelter		5	52	40	30	13	2	11	12	9	23	41	57	85	55	41	238	
	Casa Myrna		0	0	0	0	25	25	20	28	42	25	17	0	50	115	17	182	
	Crossroads		0	7	23	18	19	22	20	22	20	26	30	7	82	88	30	207	
	FINEX		0	0	0	32	0	0	29	5	4	20	9	0	32	58	9	99	
	Horizons		14	2	9	6	0	0	0	0	0	0	0	16	15	0	0	31	
Project Hope		5	22	41	20	6	5	4	8	9	24	37	27	72	45	37	181		
Roxbury Family Shelter		6	0	1	40	18	15	28	2	15	0	0	6	74	45	0	125		
Sojourner House		4	3	4	8	2	0	0	11	8	4	0	7	14	23	0	44		
Grove Hall/Our Daily Brea		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Families at Home		0	0	0	0	0	6	12	41	17	16	29	0	6	86	29	121		
Long Island Shelter Famil		0	0	0	0	0	22	0	17	27	42	48	0	22	91	48	161		
Milner Hotel		0	0	1	53	12	0	0	5	25	31	64	0	66	61	64	191		
Paul Revere Hotel		0	0	0	0	0	0	0	24	0	0	0	0	0	61	0	61		
Miscellaneous (Families)		2	7	0	22	9	16	12	46	5	48	91	9	47	111	91	258		
Casa Myrna II		0	0	0	0	0	0	0	0	0	0	0	0	0	0	20	20		
BCN Pediatric clinic		0	0	0	0	0	0	0	0	0	0	6	0	0	0	6	6		
YMCA		0	0	0	0	0	0	0	0	37	71	258	0	0	108	258	366		
QUARTER TOTALS		86	117	126	234	126	128	193	185	239	320	722	203	614	937	722	2584		
GRAND TOTALS		1224	1537	1325	1053	1444	1244	1775	1646	1682	2330	4054	2761	5066	7428	4054	19417		
PERCENT**																			

* This number is not included in Table 3.

** Formulas: Given year/previous year, except in 1988 where, 1st quarter/previous quarter.

